



**STATE OF OHIO**  
**OFFICE OF THE ATTORNEY GENERAL**  
**COLLECTIONS ENFORCEMENT**

Collections Enforcement Section

150 E. Gay St., 21st Fl.  
 Columbus, OH 43215  
 Telephone: (614) 466-8360  
 www.ag.state.oh.us

REQUEST FOR PAYOFF INFORMATION [to be completed by realtor or title company]

TO: COLLECTIONS ENFORCEMENT SECTION, ATTORNEY GENERAL OF OHIO  
 FAX NO. 614-644-7106

FROM: \_\_\_\_\_ (NAME)  
 \_\_\_\_\_ (MAILING ADDRESS)  
 \_\_\_\_\_  
 FAX NO. \_\_\_\_\_

DATE: \_\_\_\_\_

CONSENT BY INDIVIDUAL(S):

I/we, \_\_\_\_\_, give the Attorney General of Ohio permission to release to \_\_\_\_\_: (1) information related to debts I/we owe the State of Ohio which have been certified to the Attorney General for collection; and (2) document(s) which effect a release of lien(s) related to those debts.

Signed: \_\_\_\_\_ Dated \_\_\_\_\_  
 \_\_\_\_\_ Dated \_\_\_\_\_

CONSENT BY CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY:

\_\_\_\_\_, by its \_\_\_\_\_, gives the Attorney General of Ohio (name of company) (title) permission to release to \_\_\_\_\_: (1) information related to debts it owes the State of Ohio which have been certified to the Attorney General for collection; and (2) document(s) which effect a release of lien(s) related to those debts.

Signed: \_\_\_\_\_ Dated \_\_\_\_\_

**SEARCH CRITERIA**

Full Name(s) of Debtor(s) \_\_\_\_\_  
 dba(s), fka(s), etc. \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Property Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Current Telephone Number(s): \_\_\_\_\_

Tax ID & Social Security Number(s): \_\_\_\_\_

Assessment Serial Number(s): \_\_\_\_\_  
 \_\_\_\_\_

BWC Risk/Policy Number(s) \_\_\_\_\_  
 Additional information which might facilitate the search [note: attaching copies of recorded liens or a summary of the title search is helpful but not required]:

**RESPONSE TO REQUEST FOR PAYOFF INFORMATION**  
*[top portion to be completed by realtor or title company]*

**TO:** \_\_\_\_\_ (NAME)  
\_\_\_\_\_ (MAILING ADDRESS)  
\_\_\_\_\_

**FAX NO.** \_\_\_\_\_

**FROM:** **COLLECTIONS ENFORCEMENT SECTION, ATTORNEY GENERAL OF OHIO**

**RE:** **Name(s) of debtor(s):** \_\_\_\_\_  
\_\_\_\_\_

**Tax ID & SSN(s):** \_\_\_\_\_

**Risk No(s):** \_\_\_\_\_

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*[this portion to be completed by Collections Enforcement Section]*

We have conducted a search of our records based on the search criteria provided. As set forth below, we have located liened and unliened debts certified to the Attorney General for collection. Please be advised that : (1) praecipis issued to the clerk on pending liens may be filed by the time of closing; (2) any currently unliened debts may be liened by the time of closing; and (3) additional certified and uncertified debts may exist which were not located during our search.

Payoff Balance of Filed Lien(s) \$ \_\_\_\_\_ (see attached detail)

Payoff Balance of Lien(s) Issued (but not yet filed per our records) \$ \_\_\_\_\_ (see attached detail)

Payoff Balance of Unliened Debts \$ \_\_\_\_\_ (see attached detail)

Total \$ \_\_\_\_\_

Payoff Good Thru \_\_\_/\_\_\_/\_\_\_

Date of Search \_\_\_/\_\_\_/\_\_\_

Search conducted by: \_\_\_\_\_

**Make check payable to Attorney General of Ohio and send to Collections Enforcement Section, Attn. Payoff Staff, 150 East Gay St., 21<sup>st</sup> Floor, Columbus, Ohio 43215. All tax identification numbers and risk numbers noted on the attached detail must accompany the payment to ensure that the correct accounts are credited.**

**The current balance due is available for viewing at <http://www.ag.state.oh.us/> Account and CRN numbers from the Attorney General letter are needed to access the information. If an account is assigned to special counsel attorneys, additional fees may apply.**

Name(s) of Debtor(s): \_\_\_\_\_

**DETAIL: PAYOFF BALANCE OF FILED LIEN(S)**

Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____

**SUBTOTAL \$**

**DETAIL: PAYOFF BALANCE OF LIEN(S) ISSUED (BUT NOT YET FILED PER OUR RECORDS)**

Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____

**SUBTOTAL \$**

*Note: Release(s) will be issued within 10 days after we receive payment in full for the lien(s) and we receive from the Clerk/Recorders Office the recording references needed to prepare the release(s).*

**DETAIL OF PAYOFF BALANCE OF UNLIENED DEBTS**

Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____

**SUBTOTAL \$**

**TOTAL \$**

**Make check payable to "Attorney General of Ohio" and send to Collections Enforcement Section, Attn. Payoff Staff, 150 East Gay St., Columbus, Ohio 43215.**

The current balance due is available for viewing at <http://www.ag.state.oh.us>. Account and CRN numbers from the Attorney General letter are needed to access the information. If an account is assigned to special counsel attorneys, additional fees may apply.

*Indicate which debts on this sheet are being paid and attach a copy of this sheet to the payment to ensure that the correct accounts are credited.*

Good Thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Search \_\_\_\_/\_\_\_\_/\_\_\_\_

Search conducted by:

\_\_\_\_\_