

Allen County Child Support Enforcement Agency



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Vicki J. Tarr, Director

APPOINTMENT OF AUTHORIZED PERSON

CSPM 5101:12-1-20.1 USE OF INFORMATION

SETS #: _____

Name: _____

Address: _____

City, State & Zip: _____

The undersigned is a party to the SETS case referenced above. I hereby appoint and give written permission to the person listed below to engage in communications with the Allen County CSEA and to inspect information maintained by the CSEA that pertains solely to me. I understand that I must revoke this appointment in writing.

Full Name of Authorized Person: _____

Relationship (spouse, mother, cousin, friend, etc.): _____

Length of Appointment: This appointment will last for one (1) year from the date of signature unless I revoke this appointment by submitting a written revocation.

Address of Authorized Person: _____

Daytime Phone No. of Authorized Person: _____

Signature

Printed Name of Customer

Daytime Phone No.

Sworn to and subscribed before me, a notary public in and for said County and State this _____ day of _____, 20____.

Notary