

**THE AKRON MUNICIPAL COURT  
Traffic Division  
SUMMIT COUNTY, OHIO**

**CITY OF AKRON/STATE OF OHIO**    ) **Case No.(s)** \_\_\_\_\_  
  )  
**Plaintiff**                                    )  
  )  
  )  
**v.**    )  
\_\_\_\_\_                                        )  
**Defendant**                                 )

**CONTACT UPDATE FORM**

\*All information is required.

Defendant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Address: (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Defendant Signature \_\_\_\_\_ Date: \_\_\_\_\_