

IN THE COURT OF
FRANKLIN COUNTY Common

CASE NO: _____

INSTRUCTIONS FOR SERVICE OF SUMMONS

To: Clerk, Franklin County Municipal Court, please issue summons for:

Personal Service ☐ Residence Service ☐ Certified Mail ☒ Ordinary Mail ☐

Other: _____

On the defendant(s) as listed below, in the instructions to server.

DATE: 06/24/25

(Signed) M. A. Allen
Signature of Requesting PartyTo: Ohio Health, Grant medical CENTER (Server)

You are instructed to make:

Personal Service ☐ Residence Service ☐ Certified Mail ☒ Ordinary Mail ☐

Upon the following defendant(s) and at the address(s) listed below:

180 E Broad ST Columbus OH 43215
3430 Ohio Health Pkwy Columbus OH 43202
111 S GRANT AVE Columbus OH 43215Special instructions for server:

