



# OBM

## Forgery Contact Information

Note: This form is to be completed by the agency for **each** claim submitted.

### Section 1 - Agency Name and Contact

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Section 2 - Payee(s) (All Information Required)

Name \_\_\_\_\_ SSN or Tax ID No \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

### Submit All Pertinent Warrant Forgery Information To:

**Office of Budget and Management  
Payment Issuance Unit  
Attn: Rita Passero  
30 E. Broad St., 34th Floor  
Columbus, OH 43215**

### Questions? Please Contact Us:

**Phone : 1-614-644-7397  
Fax: 1-614-485-1011  
Website: OBM.Ohio.Gov**