

**Josh Mandel**  
 Treasurer of State  
 P O Box 665  
 Columbus, OH 43216-0665

REPARATIONS ROTARY REPORTING FOR HEALTH DISTRICTS

<b>TOS ACCOUNT NUMBER (REQUIRED)</b>		
<b>HEALTH DISTRICT NAME AND ADDRESS</b>		
<b>REPORTING PERIOD</b>	Month	Year
<b>Child Abuse Prevention Fees -</b> ORC 3109.13 - .18 (less 3% admin costs)	\$	
<b>Family Violence Prevention Fees -</b> ORC 3705.242 (less 3% admin costs)	\$	
Penalty ( if applicable)	\$	
# of Birth Certificates	# of Death Certificates	
<b>TOTAL AMOUNT REMITTED</b>	\$	

Name/Title \_\_\_\_\_ Phone # \_\_\_\_\_

**YOU CAN ALSO REMIT FORM AND PAYMENT ON OUR  
 WEBSITE  
[www.tos.ohio.gov](http://www.tos.ohio.gov)**