

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 330 534-2949

I reside in TRUM BULL County and wish to file and Affidavit against the following person/s
NAME MARK SILVIDI ADDRESS 309 PRINCETON
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) _____

NAME MARY ANN SILVIDI ADDRESS 309 PRINCETON
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (Include dates, times, places)

FOR APPROX 1 1/2 YEARS A WHITE 4DR BUICK
CENTURY HAS BEN BLOWING HORN'S IN FRONT OF MY
HOUSE WAKING MY WIFE & I UP FINILY I INSTALLED
A CAMERA W/ AUDIO AND CAUGHT THEM (HIM) 4
SEPERATE TIMES. (THIS IS NOT A ONE TIME
INCIDENT
25 TIMES AT LEAST

Witness 1 AUDIO, VIDIO, POLICE REPORTS Address _____

City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 LUCINDA KRlich Address 713 E. LIBERTY ST

City HUBBARD State OH Zip 44425 Phone 330 534 4181 (H, W)

If I discover more witnesses, I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify, I can be arrested and the case can be dismissed.

Date _____ Complainant _____

Sworn to and subscribed in my presence on _____, 20 _____

Deputy Clerk _____