

CERTIFICATE OF DISPOSITION REQUEST FORM

There is a \$5.00 Fee for all Certificates of Disposition. No personal Checks.

Cash, Money Orders/Certified Checks, Visa or Master Card only

Date of Request: _____

Name of individual making request: _____.

Mailing Address: _____ **Phone**
_____.

Date of Birth: _____.

Year of Arrest: _____.

Charges: _____.

Reason for request: _____.

For Court Purpose Only:
Receipt # _____.

**Van Wyck Hall
1095 Main Street
Fishkill, New York, 12524
845-897-2103**