ALFRED F. SULLA, JR.
MUNICIPAL BUILDING
1 HEINEMAN PLACE
HARRISON, NEW YORK 10528

(914) 670-3010
FAX (914) 835-1262

WWW.HARRISONTOWNCOURT.COM

Town Court
of the
Town of Harrison

JOSEPH L. CANNELLA
PASQUALE G. GIZZO
Town Justices

JACQUELINE RICCIARDI
Court Clerk

Certificate of Disposition Request Form

****Research fee due upon submission – please call Court for me information before submitting****

Is the person requesting the Certificate of Disposition the defendant? ☐ Yes ☐No
If Yes, complete only Section 2. If requestor is not the Defendant, complete Section 1 and Section 2.

Date of Request: _____

Section 1

Name of Requestor: _____

Address of Requestor: _____

_____

Signature of Requestor: _____

Section 2

Name of Defendant: _____Date of Birth:_____

Date of Violation: _____ Docket # (if known): _____

Original Charge(s): _____

Defendant's Mailing Address: _____

_____

Current Telephone # : (_____)_____

Do you prefer to pick-up the Certificate (you will be called when it is ready) or do you prefer that it be mailed to the address printed above? If the Defendant is the requestor, the Certificate will be mailed to the address in Section 2. If the requestor is anyone other than the Defendant, the Certificate will be mailed to the address of the requestor in Section 1.

☐ Pick-up ☐ Mail

Signature of Defendant: _____

For Office Use Only:

Receipt No. _____