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*Town Court
of the
Town of Harrison*



MARC J. LUST
NELSON E. CANTER
Town Justices

JACQUELINE RICCIARDI
Court Clerk

Certificate of Disposition Request Form

Research fee due upon submission

Is the person requesting the Certificate of Disposition the defendant? Yes No
If Yes, complete only Section B. If No, complete section A and B.

Date of Request: _____

Section A:

Name of Requestor: _____
Address of Requestor: _____
Signature of Requestor: _____

Section B:

Name of Defendant: _____ Date of Birth: _____
Date of Violation: _____
Original Charge(s) _____

Docket # (if known): _____
Current Mailing Address: _____

Signature of Defendant: _____

Office Use Only:

Receipt No: _____