

**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**