

TOWN OF WASHINGTON

JUSTICE COURT

10 Reservoir Dr.

Millbrook NY, 12545

(845) 677-6366 EX: 5 Fax (845) 677-6366

justicecourt@washingtontny.gov



REQUEST FOR CERTIFICATE OF DISPOSITION

Carol Poles

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DATE(S) OF ARREST: _____

Information regarding the arrest(s):

PERMISSION TO TEMPORARILY OVERRIDE SEAL (if applicable) _____ (int)

ID MUST BE VERIFIED.

THERE IS A \$5.00 FILING FEE.

DATE: _____ SIGNATURE: _____