

REQUEST FOR CERTIFICATE OF DISPOSITION

Town of Guilderland
Town Court
P.O. Box 339
Guilderland, NY 12084
(518) 861-5884

DATE: _____

NAME: _____

CURRENT MAILING ADDRESS: _____

DATE OF BIRTH: _____

DATE OF ARREST: _____

CHARGE(S): _____

ANY OTHER NAMES USED: _____

SIGNATURE: _____

\$5.00 FEE

RECEIPT # _____

Please mail this form and either a certified check or money order in the amount of \$5.00 to:

Guilderland Town Court, P.O. Box 339, Guilderland, NY 12084