

MAMARONECK VILLAGE COURT

CERTIFICATE OF DISPOSITION REQUEST FORM

(For Use When Requestor is Not the Defendant)

Date of Request: _____

REQUESTOR INFORMATION

Name of Requestor: _____

Address of Requestor: _____

Current Telephone #: _____

A fee of \$5 per Certificate of Disposition is required to be paid along with this request form. Payment by Certified Bank Check or Money Order is required.

Signature of Requestor: _____

DEFENDANT/CASE INFORMATION

Name of Defendant: _____ Date of Birth: _____

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

Original Charge(s): _____

Mailing Address & Physical Filing Address:

Mamaroneck Village Court

169 Mt. Pleasant Ave, Mamaroneck, NY 10543

Telephone: (914) 777-7710 | **Facsimile:** (914) 777-7758 | **E-Mail Filings Not Accepted**

For Office Use Only:

Receipt No. _____ Funds Collected: \$ _____ Clerk's Initials _____