

Request for Certificate of Disposition / Conviction

Catskill Town Court

441 Main Street

Catskill, NY 12414

E-Mail: justice@townofcatskillny.gov.

Phone: (518) 943-2141 x2

Fax: (518) 943-7652

Date: _____

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

ID Proof: Drivers License: _____ Passport: _____

*** PLEASE SEND PHOTO COPY***

Date of Arrest: _____

Charge: _____

Additional Information: _____

Credit Card Payment: \$5.00 per Disposition

CREDIT CARD: VISA _____ MASTERCARD _____ EXPIRATION DATE: _____

3 CHARACTER CODE: _____

CARD NUMBER: _____

CARD HOLDER: _____

(Print Name as it Appears on Card)