

**TOWN OF BEDFORD
COURT**

Town Justices
Erik P. Jacobsen
David A. Menken
Virginia C. Collins



Court Clerks
Diane Georgio
Maria De Lourdes Valdes

Certificate of Disposition Request Form
Research fee due upon submission

Is the person requesting the Certificate of Disposition the defendant: Yes No
If Yes, complete only Section B. If No, complete section A and B.

Section A:

Name of Requestor:	_____
Address of Requestor:	_____ _____ _____
Signature of Requester:	_____

Section B:

Name of Defendant:	_____	Date of Birth:	_____
Date of Violation:	_____		
Original Charge (s):	_____ _____		
Docket # (if known):	_____		
Current Mailing Address:	_____ _____		
Signature of Defendant:	_____		

321 BEDFORD ROAD • BEDFORD HILLS, NY 10507
Tel. (914) 666-6965
E-mail: court@bedfordny.gov • www.bedfordny.gov

Office Use Only:

Receipt No: _____

Mail in the completed form with:
1 - \$5.00 money order made out to Bedford Town Court
2 - Copy of your driver license