

Village of Canton
60 Main Street
Canton, NY 13617
(315) 386 – 2871
Fax (315) 386 – 1361
<http://www.cantonnewyork.us/>

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.

Date of Request: _____

Section A:

Name of Requestor: _____
Address of Requestor: _____ Phone Number: _____
Signature of Requestor: _____

Section B:

Name of Defendant: _____ Date of Birth: _____
Date of Violation: _____
Original Charge(s) _____
Purpose for request: _____
Current Mailing Address: _____ Phone Number: _____
Signature of Defendant: _____

Office Use Only:

Receipt No. _____

ID Required –

Copy attached ____