

Williamsville Village Court
5565 Main Street
Williamsville, New York 14221
(716)632-0450 - Telephone
(716)565-0342 - Fax

Jeffrey F. Voelkl, Village Justice

Gail Jahreis, Court Clerk

TO: Williamsville Village Court

RE: Request for Cert. of Disposition

Date Requested: _____

FIVE DOLLAR FEE PAID BY: Cash _____ CC: _____ MO _____

DEFENDANT NAME: _____ D.O.B. _____

DATE OF OFFENSE: _____ D.O.A: _____ DATE OF CONVICTION: _____

CHARGE(S): _____

VILLAGE JUSTICE: _____

REASON FOR THE REQUEST OF A RECORD OF CONVICTION: _____

PLEASE PRINT NAME AND ADDRESS: _____

SIGNATURE: _____ TELEPHONE#: _____

Request for release of sealed information

I, hereby, request opening of file for purpose of certificate for reason listed above.

Signature _____ Dated: _____

Witnessed by: _____ Dated: _____