

**TOWN OF SULLIVAN'S ISLAND  
MUNICIPAL COURT**



**Request for Disposition**

Date of Request: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Defendant's Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Ticket Number(s): \_\_\_\_\_

Officer Name: \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Please note: Requests take at least 48 hours to process and may be subject to FOIA fees