City of Folly Beach Municipal Court

21 Center Street · PO Box 48
Folly Beach, SC 29439
(843) 513-1842 · Fax 864-640-8785
clerkofcourt@follybeach.gov

Certified Copy of Disposition Request Form

Date of Request:_____

Defendant's Name: _____

Mailing Address:_____

City: _____ State:_____Zip:_____

Daytime Phone Number: _____ EMAIL: _____

Defendant's Date of Birth: _____

Ticket Number(s): _____

Disposition Date(s): _____

Charge(s): _____

Please allow 5 to 10 business days to receive certified copies by mail.