

REQUEST FOR PROVINCIAL OFFENCES DISCLOSURE

To: **MUNICIPAL PROSECUTOR**
City of Thunder Bay
101 Syndicate Ave North
Suite 408, Chapple Building
Thunder Bay, Ontario P7C 3V4
Tel: (807) 625-3990
Fax: (807) 623-5389

Requested by: Name _____
 Address _____
 Phone(s) _____ Fax _____

Representing the below mentioned in respect to the charge(s) listed, and require the Disclosure to be provided from the Prosecutor:

Last Name of Defendant: _____ Given Name : _____

Charge : Offence Notice(s) # _____ Date of Offence: _____
 : Offence(s) Description _____

Police Force Laying Charge(s): City Police _____ O.P.P. _____ Other: _____

Date of Court Appearance: _____ Court Location : _____

Requestor's Signature :		Date Request received by Prosecutor's office and by whom:	Acknowledged By Prosecutor : (signature) (date)	
Date of Request :				
DISCLOSURE PICKED UP :		By whom:		Date: