



PART I - Disclosure Request Form

DATE:- _____

NAME OF DEFENDANT:- _____
(GIVEN) (SURNAME)

ADDRESS:- _____

TICKET #:- _____

OFFENCE DATE:- _____

APPEARANCE DATE:- _____

OFFICER IN CHARGE:- _____
(NUMBER) (DETACHMENT)

REQUESTED BY:- _____
(DEFENDANT/ COUNSEL/ AGENT)

TELEPHONE:- _____

EMAIL ADDRESS:- _____