

REQUEST FOR DISCLOSURE

Complete this form and return it to the Prosecution Division by:

EMAIL: to prosecutions@guelph.ca.

IN PERSON: at 59 Carden Street, 2ND FLOOR, Guelph, ON, N1H 2Z9,

FACSIMILE: to 519-826-0284

If you have any questions please call 519- 826-0762 at ext.: 2920.

PLEASE ALLOW 4 WEEKS FOR PROCESSING

Accused: _____

Accused Address: _____

Email: _____ **Telephone #:** _____

Offence Number(s): _____

Date of Offence(s): _____

Charge(s): _____

OPP/Guelph Police/Bylaw or Other: _____

Officer's name or Badge number: _____

Trial / Summons Court Date: _____

REPRESENTED: **YES** (Please fill out below) **NO**

Name of Firm: _____

Email Address: _____

Telephone number: _____

Date Requested: _____

**PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THE
DISCLOSURE**

E-MAIL ADDRESS:

TO BE PICKED UP TELEPHONE #:

FACSIMILE NUMBER: