

REQUEST FOR DISCLOSURE

To obtain disclosure please complete the information below and deliver the request by email to poadisclosure@niagararegion.ca or by fax to: 905-734-7816, or in person at the Provincial Offence Court, 3 Cross Street, Welland - Attention: Prosecution Coordinator.

PLEASE ALLOW 8 – 10 WEEKS FOR DELIVERY

DEFENDANT INFORMATION

Name:		
Address:		
Phone # Home:	Work:	Cell:
Email Address:		

CHARGE INFORMATION

Ticket #:	Date of Offence:
Charge:	Police/Agency: <input type="checkbox"/> OPP <input type="checkbox"/> Niagara Regional Police <input type="checkbox"/> Other:
Trial Date:	Time:

DELIVERY REQUEST

- Email my disclosure to the email address noted above; or
- Call me to arrange pick up at 3 Cross Street, Welland

Date: _____	Signature: _____
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