



REQUEST FOR DISCLOSURE – MUNICIPAL PROSECUTOR

Today's Date: _____

Name of Defendant: _____

Address: _____

Charge(s): _____

Trial/Appearance Date: _____

Delivery Method:

- Mail** (to address above, include postal code)
- Pick up** from Provincial Offences Office (99 Foster Drive, Sault Ste. Marie)

Phone Number: _____

Signature

Email Address for Electronic Delivery: _____

Email to: poaprosecutor@cityssm.on.ca