

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

The Corporation of the City of Sault Ste. Marie
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Telephone: (705) 541-7397 Fax: (705) 759-5395