

**Provincial Offences**

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COUNTY ADMINISTRATION  
BUILDING  
POSTAL BAG 4400  
235 PINNACLE STREET  
BELLEVILLE, ONTARIO, K8N 3A9

**DISCLOSURE REQUEST**

Name of Defendant: \_\_\_\_\_

Charges/Offence Number: \_\_\_\_\_

Offence Date: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

Enforcement Agency: \_\_\_\_\_

Officer Name/Badge Number: \_\_\_\_\_

Person Requesting Disclosure: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_