



Request for Disclosure (Prosecution's Evidence)

NOTICE TO DEFENDANT / COUNSEL / AGENT

Note: Requests for disclosure by persons other than the Defendant must provide written authorization from the Defendant confirming representation. Authorization attached: Yes

Requested By: _____ Date of Request: _____
(Month) (Day) (Year)

Telephone Number: _____
(Area Code)

Defendant's Name: _____
(Last Name) (First Name)

Defendant's Mailing Address: _____

(Postal Code)

Defendant's Email: _____

Defendant's Date of Birth: _____ Offence Date: _____
(Month) (Day) (Year) (Month) (Day) (Year)

Offence Number(s) (P.O.T #(s)): 2460 _____

Please select one (1) method for delivery of disclosure material:

Pickup – District Municipality of Muskoka, 70 Pine St., Bracebridge

Regular Mail – Mailing address (if different from above) _____

Email (if different from above) _____

Facsimile _____
(Area Code)

Return this form to: Prosecution Office – 70 Pine Street, Bracebridge, Ontario P1L 1N3

Email: prosecutions@muskoka.on.ca

Facsimile: 705-645-5319

Telephone Inquiries: 705-645-2231 Ext. 4618

Legal Dept. Form L-902-2014
Revised: October 29, 2020