

DISCLOSURE REQUEST - MUNICIPAL BYLAW Defence Counsel/Self-Represented

L 703 (R2013-10)

* **Mandatory Field**

2nd Request 3rd Request

I am requesting disclosure on the following matter:

		Last Name	First Name	Middle Name					
* Name of Accused	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Date of Birth		Month	Day	Year					
	<input type="text"/>	<input type="text"/>	<input type="text"/>						
* Offence(s)	Offence 1	Ticket/Docket Number	Bylaw	* Court Date	Month	Day	Year	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Offence 2	Ticket/Docket Number	Bylaw	* Court Date	Month	Day	Year	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Offence 3	Ticket/Docket Number	Bylaw	* Court Date	Month	Day	Year	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		

CONTACT INFORMATION

* Name	<input type="text"/>	* Phone Number	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Email	<input type="text"/>	* Prefer to be contacted by	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail

Additional Notes

IMPORTANT NOTES:

- Disclosure can take a minimum of two weeks to prepare.
- You may submit this form in person to the Law Department, 12th Floor, Calgary Municipal Building, 800 Macleod Trail S.E. or by fax to 403-268-4634.
- To fill out our web form, please go to: www.calgary.ca/disclosure
- You will be notified by your preferred method of contact when disclosure is ready for pick up.
- Please pick up your disclosure package from the Visitor Management Centre on the Main Floor of the Calgary Municipal Building, 800 Macleod Trail S.E., during business hours Monday - Friday, 8:00 a.m. - 4:30 p.m.
- **Please note that disclosure must be picked up and signed for in person by yourself or someone appointed on your behalf.**

Name of Applicant	Date of Request (YYYY-MM-DD)
<input type="text"/>	<input type="text"/>