Email Form

ICON Print Screen Attached ( )

Flower City
brampton.ca

REQUEST FOR PHOTOCOPIES

(☐) Information/Certificate (☐) Recognizance (☐) Probation Order
(☐) Promise to appear (☐) Undertaking (☐) Other

CERTIFIED **(☐) YES** **(☐) NO**

PLEASE PRINT

Date of Request _____

Defendant- Last Name _____

Defendant- First name _____

Driver's License # _____

Charge (s) _____

Case/offence/file(s)# _____

Paid/Completion Date _____

REQUESTED BY **(☐) Defendant (☐) Representative (☐) Police (☐) Other**

Name _____

Address _____

Daytime Phone# **( )**_____ **Cell #**_____

Please Note: photocopies-$2.00/ page & certified copies - $3.50/ page. **Copies cannot be provided on a demand basis & will be held only (14) fourteen days upon completion.**

Amount Due $ _____

Date & Signature of person picking up photocopy request

******** _____

FOR INTERNAL USE ONLY:

Date called for pick up: _____ **Clerk:** _____

Notes: _____

Date Scanned into G:POA _____