DISCLOSURE REQUEST - MUNICIPAL BYLAW
Defence Counsel/Self-Represented

L 703 (R2026-08)

Important: This PDF was designed to be filled in with Adobe Acrobat Reader only.
If you are experiencing issues filling out this form, click here for help with your settings.

* Mandatory Field

I am requesting disclosure on the following matter:

	Last Name	First Name	Middle Name
* Name of Defendant			

	Month	Day	Year
* Date of Birth			

		Ticket/Docket Number	Bylaw		MM-DD-YYYY	
* Offence(s)	Offence 1			* Court Date		☐ a.m. ☐ p.m.
	Offence 2			* Court Date		☐ a.m. ☐ p.m.
	Offence 3			* Court Date		☐ a.m. ☐ p.m.

CONTACT INFORMATION

☐ Self-Rep ☐ Agent ☐ Counsel

* Requester's Name		* Phone Number	
Address			
City		Province	Postal Code
* Email			

☐ I acknowledge the disclosure package will be sent electronically to the email provided.

Additional Notes

Your personal information is being collected, used and/or disclosed for the purposes of responding to your request for disclosure of records related to the offences you have identified above, and to notify you when these records are available. This information is collected pursuant to section 4(a) and 4(c) as applicable to POPA. If you have any questions about this collection, use, and/or disclosure, please contact the Enforcement Section of Law, Legislative Service & Security, by phone at (403) 874-4348 or email to disclosure@calgary.ca.

If you do not have access to email, please contact the Enforcement Law Section at The City of Calgary at (403) 874-4348.

ISC: Confidential

Print Request