

Provincial Offences Court

Copy Order Form

			Date Ordered:	
			Cashier's Initials:	
			Date Required by:	
Defendant Information				
First and Last Name:				
Ticket Numbers:				
Name and Type of Charge:				
Reason for request:				
How many copies?	Certified?	Yes	No	
Requested by:			_ Telephone No:	
Address:				
Email Address:				
Further Instructions:				
\$3.50 for copies of documents undertake to pay The Regiona	requiring certification I Municipality of Dur	n and ham f	istration of Justice Act-Ontario Reg 210/07 is d \$1.00 for copies not requiring certification. I for the total costs. A minimum of 7 business ce will contact you for method of payment	
	Office u	ise o	only	
Total Numbering of pages	\$1.00 (non-cert	\$1.00 (non-certified)Party Notified on:		
Total Number of Pages	_X\$3.50 (certified)			
Total amount due: \$	Clerk Initi	als:		