



# **TORONTO POLICE SERVICE** **PASSPORT REQUEST**

**PLEASE PRINT**

YOUR NAME:

YOUR ADDRESS:

YOUR PHONE NUMBER:

COUNTRY OF PASSPORT:

DATE LOST/STOLEN:

LOSS/STOLEN LOCATION:

POLICE OFFICERS NAME:

DIVISION REPORTED TO:

DATE REPORTED:

YOUR SIGNATURE:

**A fee of \$39.55 is charged for this service. You will receive a receipt of payment only. Your report will be faxed directly to the involved Consulate/Embassy within approximately 7-10 business days.**