



**Strathroy-Caradoc
Police Service**

**FINGERPRINT DESTRUCTION, PHOTOGRAPH DESTRUCTION
AND LOCAL FILE CLOSURE APPLICATION FORM**

Please refer to the *Destruction of Fingerprints and Photographs Procedure* for information about this

PERSONAL INFORMATION					
Surname		First Name		Middle Name	
Surname (at time of arrest)		First Name (at time of arrest)		Middle Name (at time of arrest)	
Contact Telephone Number			Date of Birth (mandatory)	YYYY	MM DD
Address	Number/Unit	Street	City	Prov.	Postal Code
AGENT / LAWYER INFORMATION (if applicable)					
Surname		First Name		Contact Telephone Number	
Name of Firm					
Address	Number/Unit	Street	City	Prov.	Postal Code
CHARGES					
Final Court Date	Court Location		Charge	Disposition	
CONSENT TO DESTROY FINGERPRINTS, PHOTOGRAPHS AND CRIMINAL HISTORY					
<p>I hereby request the Strathroy-Caradoc Police Service to consider destroying my fingerprints and photographs for the charges listed above. I acknowledge that I will be notified in writing, to the address provided above, when a decision has been made and when the process has been completed. NOTE: Other records pertaining to your arrest(s) may exist, e.g. Strathroy-Caradoc Police Service Record of Arrest report. These documents will not be destroyed pursuant to your application for destruction of fingerprints and photographs.</p> <p style="text-align: center;">Submit request to: accounts@scps.on.ca or by Fax 519-245-0283</p> <p>Date _____, 20____ Signature _____</p> <p style="text-align: center;">MMM/DD</p>					
FOR POLICE USE ONLY					
Action	Action Processed By:			Date (YY/MM/DD)	
<input type="checkbox"/> Acknowledgement Letter Sent					
<input type="checkbox"/> Request Approved					
<input type="checkbox"/> Request Submitted to FIS					
<input type="checkbox"/> Fingerprints Received from FIS					
<input type="checkbox"/> Request Submitted to RCMP					
<input type="checkbox"/> Fingerprints Received from RCMP					
<input type="checkbox"/> Destruction Completed					
<input type="checkbox"/> Destruction Confirmation Sent					
<input type="checkbox"/> Request Denied					
<input type="checkbox"/> Decision Letter Sent					
<input type="checkbox"/> Appeal Received					
<input type="checkbox"/> Appeal Completed					
<input type="checkbox"/> Appeal Decision Letter Sent					
PAYMENT RECEIVED					
Fee \$52.00					
Cash Receipt # _____	Debit _____	Visa _____	MasterCard _____		
Credit Card # _____ / _____ / _____ / _____	Expiry Date _____ / _____ (MM/YY)				
3 Digit CVV _____	Signature _____				
E-Transfer Available Upon Request					