

## APPLICATION FOR DESTRUCTION OF FINGERPRINT AND PHOTOGRAPH

Guelph Police Service

15 Wyndham Street S

Guelph, Ontario

N1E 4C6

Attention: Manager, Data Services

This is to request my fingerprints and photograph to be destroyed. I acknowledge that I will be notified in writing at the address provided below when the application has been received and the again once the process has been completed. I also acknowledge that this request may not be granted if circumstances are outside the guidelines of the policy of the Guelph Police Service.

**Charge**

**Court Location**

**Final Court Date**

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**Personal Information:**

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**Last name**

**First name**

**Middle Initial**

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**Current mailing address:**

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**City**

**Province**

**Postal Code**

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**Date of Birth**

**Year/Month/Day**

**Phone Number**

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**Signature**

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**Date of Request**

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