



Strathroy-Caradoc Police Service

FINGERPRINT DESTRUCTION, PHOTOGRAPH DESTRUCTION AND LOCAL FILE CLOSURE APPLICATION FORM

Refer to Record Suspension/Fingerprint Destruction, Photograph Destruction and Local File Closure under Request for Information & Records

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

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.

Submit request to: accounts@scps.on.ca

Date: _____ Signature: _____

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 | | |

Fee \$100.00

PAYMENT RECEIVED

Exact Cash Receipt Number: _____ Debit: _____ Credit Card: _____

e-Transfer: etransfer@strathroy-caradoc.ca _____

We are set up for auto-deposit and no security question is required.

Proof of ID: _____

NOTE: Quote your Name and SCPS in the comment section of the e-Transfer

Badge/Initials: _____