CSPS Police Use Only
DATE:
RECEIVED BY:

Central Saanich Police Service

APPLICATION FOR DESTRUCTION OF FINGERPRINTS AND PHOTOGRAPHS

IDENTIFICATION - one form must be photo ID (office use only). ***Photocopy of Photo ID REQUIRED***

Type of ID Produced:	**Number:**
Type of ID Produced:	**Number:**

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Attn: Information Records Clerk

This is to request that my fingerprints and photographs be destroyed. I acknowledge that I will be notified in writing at the address provided below when the application process has been completed. I also acknowledge that this request may not be granted as the Central Saanich Police Department is not obliged to destroy lawfully obtained fingerprints and photographs.

PART I - PERSONAL INFORMATION	**(COMPLETED BY APPLICANT)**	**PLEASE PRINT CLEARLY IN INK**

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	

ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)		
CHARGE(S)			
COURT LOCATION	FINAL COURT DATE		

Any file numbers or additional information you feel may be required:

X _____ _____

Signature of Applicant **Date of Request**