



ADULT FINGERPRINT/PHOTOGRAPH DESTRUCTION REQUEST

Please PRINT legibly

PERSONAL INFORMATION

Surname (last name)		Given name(s)			
Middle Name		Other Names Used			
Date of Birth (YY/MM/DD)	Contact Telephone Number		Gender		
Mailing Address					
Number	Street	Apt.	City	Prov/Terr./State	Postal/ZIP code

CHARGES

Final Court Date	Court Location	Charge	Disposition

CONSENT TO REMOVAL/DESTRUCTION OF FINGERPRINTS & PHOTOGRAPHS

I hereby request the Timmins Police Service to consider removal/destruction of 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.

Signed this date _____, 20 ____ Signature of Applicant _____

FOR POLICE USE ONLY

Action	Who	Date (YY/MM/DD)
Fee Collected <input type="checkbox"/>		
Request Approved-Supervisor or Designate		
Request Denied-Supervisor or Designate		
Decision Letter Sent		
Request Submitted to RCMP		
Fingerprints Received from RCMP		
Destruction Completed		
Destruction Letter Sent		
Queries	Comments	
10-29		
CRIMQ		
FIP		
LOCAL, PIP		

Please visit our website at www.timminspolice.ca or call 705-264-1201 for more information.

Appeal Application - Please complete back of form with written explanation.

Appeal Explanation: _____

Signature: _____