



# Request for Destruction of Fingerprints and Photo

For non-convictions only, including absolute and conditional discharge  
\*\* All information must be provided below \*\*

PLEASE PRINT

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Maiden/Other Surname Name(s): \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Mailing Address (include City and Postal Code):  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

CHARGE/OFFENCE	DISPOSITION/OUTCOME IN COURT	FINAL COURT DATE (YYYY-MM-DD)

Signature: \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_

MAIL OR RETURN IN PERSON TO: PEEL REGIONAL POLICE CRIMINAL AND COURT RECORDS 7750 HURONTARIO STREET BRAMPTON, ONTARIO L6V 3W6	PRP Date Received Stamp

PRP Badge #: \_\_\_\_\_