



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

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 #: _____