



PORT HOPE POLICE SERVICE FINGERPRINT AND PHOTOGRAPH DESTRUCTION REQUEST FORM

PLEASE NOTE: Two copies of identification are required. A government-issued photo identification card and a secondary piece of identification showing your name must be attached to this form.

PLEASE WRITE ABOVE THE LINES

>>>				
(LAST NAME)	(FIRST NAME)	(SECOND NAME)	(THIRD NAME)	(GENDER)
(MAIDEN NAME / OTHER SURNAME)	(DATE OF BIRTH) (YY-MM-DD)	(HOME TELEPHONE)		
(STREET ADDRESS / RR #)	(APT / UNIT #)	(CITY / TOWN / PROV)	POSTAL CODE	
(DRIVERS LICENCE # or PHOTO ID)	(Two pieces of ID required)	(SECOND PIECE OF ID – SIN Card not accepted)		

CONSENT TO DESTROY FINGERPRINTS AND PHOTOGRAPHS:

I hereby request the Port Hope Police Service to consider destroying my fingerprints and photographs for the charges listed below. 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, eg. Port Hope Police Service Record of Arrest Report. These documents will NOT be destroyed pursuant to this application. These documents are subject to retention under the Port Hope Police Service Retention Bylaw Schedule.

SIGNATURE OF APPLICANT: _____ Signed this ____ day of _____, 20__

CHARGES			
FINAL COURT DATE	COURT LOCATION	CHARGE	DISPOSITION

FOR POLICE USE ONLY

ACTION	ACTION PROCESSED BY:	DATE (YYYY/MM/DD)
Acknowledgement Letter Sent		
Request Approved		
Fingerprints Obtained from File		
Request submitted to RCMP		
Fingerprints received from RCMP		
Destruction completed		
Destruction confirmation sent		
Request denied		
Decision letter sent		
Appeal received		
Appeal completed		
Appeal decision letter sent		

Submit this request in person to the Port Hope Police Service, 55 Fox Rd., Port Hope, ON L1A 3V5, or by fax to (905) 885-5787, or by e-mail to pdhaliwal@phps.on.ca
Please visit our Website at www.phps.on.ca or call (905) 885-8123, Ext. 228 for more information.