



# OWEN SOUND POLICE SERVICE

## FINGERPRINT AND PHOTOGRAPH DESTRUCTION APPLICATION

### PERSONAL INFORMATION

SURNAME	FIRST NAME	MIDDLE NAME(S)
SURNAME (AT TIME OF ARREST)	FIRST NAME (AT TIME OF ARREST)	MIDDLE NAMES (AT TIME OF ARREST)
DATE OF BIRTH	CONTACT TELEPHONE NUMBER	
COMPLETE MAILING ADDRESS (INCLUDING HOUSE NUMBER, STREET NAME, CITY, POSTAL CODE, AND PROVINCE)		

### AGENT/LAWYER INFORMATION

SURNAME	FIRST NAME	CONTACT PHONE NUMBER
NAME OF LAW FIRM		
COMPLETE MAILING ADDRESS (INCLUDING HOUSE NUMBER, STREET NAME, CITY, POSTAL CODE, AND PROVINCE)		

### CHARGES

FINAL COURT DATE	COURT LOCATION	CHARGE	DISPOSITION

### CONSENT TO DESTROY FINGERPRINTS & PHOTOGRAPHS

I hereby request the Owen Sound Police Service to consider destroying my 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. **NOTE: Other records pertaining to your arrest(s) may exist, e.g., Owen Sound Police Service Record of Arrest report. These documents will not be destroyed and are not subject to your application for destruction of fingerprints and photographs. Rather they are subject to retention under the Owen Sound Police Services Board By-Law 2012-01.**

DATE (YYYY/MM/DD)	SIGNATURE

### TO BE COMPLETED BY CRIMINAL RECORDS BRANCH

ACTION	COMPLETED BY/EMPLOYEE NO.	DATE
<input type="checkbox"/> REQUEST APPROVED		
<input type="checkbox"/> REQUEST SUBMITTED TO RCMP		
<input type="checkbox"/> FINGERPRINTS RECEIVED FROM RCMP		
<input type="checkbox"/> FINGERPRINTS FORWARDED TO CENTRAL RECORDS		
<input type="checkbox"/> REQUEST DENIED BY		
<input type="checkbox"/> RCMP	<input type="checkbox"/> OSPS	
<input type="checkbox"/> DECISION LETTER SENT		
<input type="checkbox"/> APPEAL RECEIVED		
<input type="checkbox"/> APPEAL COMPLETED		
<input type="checkbox"/> APPEAL DECISION LETTER SENT		

APPLICATIONS MUST BE SUBMITTED TO THE CRIMINAL RECORDS DEPARTMENT OF  
THE OWEN SOUND POLICE SERVICE – 922 2ND AVE WEST, OWEN SOUND

**A \$50 NON REFUNDABLE FEE APPLIES UPON APPLICATION**