

**APPLICATION FOR DESTRUCTION OF FINGERPRINT AND PHOTOGRAPH**

**Personal information on this form is collected under British Columbia's Freedom of Information and Protection of Privacy and will be used to respond to your request.**

VICTORIA POLICE DEPARTMENT  
850 Caledonia Avenue  
Victoria, BC V8T 5J8

Attention: Criminal Records Check Office

This is to request that my fingerprints and photograph be destroyed. I acknowledge that I will be notified in writing at the address provided below when the application has been received and then again when the process has been completed. I also acknowledge that this request may not be granted as the Victoria Police Department is not obliged to destroy lawfully obtained fingerprints and photographs.

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<b>Charge</b>	<b>Court Location</b>	<b>Final Court Date</b>
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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**Current Mailing Address:**

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<b>Street #</b>	<b>Street</b>
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<b>City</b>	<b>Province</b>	<b>Postal Code</b>
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<b>Date of Birth</b>	<b>Phone Number</b>
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**Signature** \_\_\_\_\_

**Date of request** \_\_\_\_\_

**Any additional information you feel may be required:**

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**Please attached photocopies of two pieces of identification - one must be photo identification.**