



## APPLICATION FOR DESTRUCTION OF FINGERPRINT AND PHOTOGRAPH

VICTORIA POLICE DEPARTMENT  
850 Caledonia Avenue  
Victoria, BC V8T 5J8  
Attention: Police 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 if circumstances are outside the guidelines of the Victoria Police Department Policy.

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Charge	Court Location	Final Court Date
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Last Name	First Name	Middle Initial
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Current Mailing Address:

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Street #	Street
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City	Province	Postal Code
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Date of Birth	Phone Number
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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.**

