



Saanich Police Department
760 Vernon Avenue, Victoria BC V8X 2W6
**Application for Destruction of Fingerprints
And Photograph**

Saanich Police Use Only

Date:
Received by:

Please indicate how you would like to receive the completed report:
 Mailed In person pick-up E-mailed (Password protected: enter birth date: **yyyy/mm/dd**)
 e-mail address: _____

IDENTIFICATION - one form must be photo ID (office use only)

Type of ID Produced:	Number:
Type of ID Produced:	Number:

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.

Attn: Information Records Clerk

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 process has been completed. I also acknowledge that this request may not be granted as the Saanich Police Department is not obliged to destroy lawfully obtained fingerprints and photographs.

PERSONAL INFORMATION (COMPLETED BY APPLICANT) *PLEASE PRINT*

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	
CHARGE(S)		
COURT LOCATION	FINAL COURT DATE	

Please include all file #s and any additional information you feel is relevant to your request.

X _____
Signature of Applicant

Date of Request