FILE CLOSURE REQUEST

Please PRINT legibly

Please refer to the *File Closure of Fingerprints and Dispositions Brochure* for information about this process.

PERSONAL INFORMATION

Surname (last name)		Given name(s)
Middle Name		Other Names Used
Date of Birth (YY/MM/DD)	Contact Telephone Number	Gender

Mailing Address

Number Street Apt. City Prov/Terr./State Postal/ZIP code

CHARGES

Final Court Date	Court Location	Charge	Disposition

CONSENT TO FILE CLOSURE FOR FINGERPRINTS AND DISPOSITIONS

I hereby request the Waterloo Regional Police Service to consider closing my file regarding fingerprints and dispositions 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.

Signed this date _____, 20 _____ **Signature of Applicant** _____

FOR POLICE USE ONLY

Action			Who	Date (YY/MM/DD)
Fee Collected	C ☐	D ☐		
Request Approved				
Request Denied				
Decision Letter Sent				
Request Submitted to RCMP				
Fingerprints Received from RCMP				
Destruction Completed				
Destruction Letter Sent				

Queries	Comments
10-29	
CRIMQ	
FIP	
LOCAL, PIP	

Please visit our website at www.wrps.on.ca or call 519-653-7700 ext. 8819 / 8807 / 8810 for more information.

(21-01)