Waterloo Regional Police Service
"People Helping People"

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	First Name
Middle Name	Other Names Used

Contact Telephone Number	Gender	Date of Birth	YY	MM	DD

Mailing Address	Number/Unit Street	City	Prov.	Postal 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 __.
MM / DD

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.