



Guelph Police Service
PRIDE SERVICE TRUST

LOCAL FILE CLOSURE APPLICATION FORM

PERSONAL INFORMATION

Surname		First Name		Middle Name	
Contact Telephone Number			Date of Birth (mandatory)	YYYY	MM DD
Address	Number/Unit	Street	City	Prov.	Postal Code

CHARGES

Final Court Date	Court Location	Charge	Disposition

CONSENT FOR LOCAL FILE CLOSURE

I hereby request the Guelph Police Service to consider closure of my local file 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.

Date _____, 201____ Signature of Applicant _____
MM/DD

PAYMENT RECEIVED

Cash Receipt # _____ Debit _____ Money Order _____ Visa _____ Mastercard _____
Credit Card # _____ / _____ / _____ / _____ Expiry Date ____ / ____ (MM/YY)
Signature _____

FOR POLICE USE ONLY

Action	Action Processed By:	Date (YY/MM/DD)
Request Approved		
Request Denied		
Decision Letter Sent		
Request Submitted to RCMP		
Fingerprints Received from RCMP		
Destruction Completed		
Destruction Letter Sent		
Queries	Comments	
CPIC		
CRII		
CRS		
Local		

Submit request to:
15 Wyndham Street South, Guelph, Ontario, N1H 4C6
Attn: Manager, Data Services