



**Guelph Police Service**  
PRIDE SERVICE TRUST

# LOCAL FILE CLOSURE APPLICATION FORM

Please refer to the *Local File Closure Procedure* for information about this process.

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____ MM/DD		Signature of Applicant _____			
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					
Sealing Completed					
Sealing Letter Sent					
Queries	Comments				
CPIC					
CRII					
CRS					
Local					

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