



**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