



POLICE
CITY OF BELLEVILLE

REQUEST FOR FINGERPRINT/PHOTOGRAPH DESTRUCTION

NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

CHARGE(S): _____

DATE OF SENTENCE: _____
(approximate if not known)

I, _____ hereby request the Belleville Police Service to destroy my fingerprints/photographs that they have on file concerning the above noted charge(s), IF this request meets the criteria regarding Destruction Policy #LE-020-04.

DATE: _____

SIGNATURE: _____

FOR INTERNAL USE ONLY

IDENTIFICATION VERIFIED BY:

NAME: _____ BADGE: _____

DATE: _____

NOTES: _____