Attention: Records Section
West Vancouver Police Department
755 16th Street
West Vancouver, BC V7V 0B8

REQUEST FOR DESTRUCTION OF FINGERPRINTS & PHOTOGRAPHS

This is to request that my fingerprints and photograph be destroyed. I acknowledge that I will be notified in writing at the address provided below when the process has been completed. I also acknowledge that this request may not be granted if circumstances are outside the guidelines of the West Vancouver Police Department Policy.

_____ _____
SIGNATURE YEAR MONTH DAY

☐ A copy of my current government issued photo ID is enclosed.

Please enter the following information below:

Full Name:	
Previous Names (including Maiden Name and Name Changes):	
Date of Birth:	
Street Address:	
City/Prov:	
Postal Code:	
Phone Number:	
Email Address:	
WVPD File #:	
Offence(s) you were charged with:	
Date of Offence:	
Court Disposition:	

Please be aware that this process can take up to twelve months. If further information is required, please call 604-925-7300.