

**FREEDOM OF INFORMATION REQUEST**

CHICAGO POLICE DEPARTMENT

OFFICE USE ONLY

DATE RECEIVED

REQUEST NO.

INSTRUCTIONS: PLEASE PRINT OR TYPE. SUBMIT ONE FORM FOR EACH RECORD REQUESTED. YOUR REQUEST SHOULD REASONABLY DESCRIBE THE RECORD SOUGHT. THE CHICAGO POLICE DEPARTMENT WILL RESPOND TO A REQUEST FOR A PUBLIC RECORD WITHIN 5 BUSINESS DAYS AFTER ITS RECEIPT. A RESPONSE TO CERTAIN REQUESTS MAY REQUIRE UP TO 5 ADDITIONAL BUSINESS DAYS, IN WHICH CASE YOU WILL BE NOTIFIED. YOU WILL ALSO BE NOTIFIED SHOULD YOUR REQUEST BE DENIED.

**REQUESTER**

PRINT NAME (LAST - FIRST - M.I.)	SIGNATURE	TELEPHONE NO.
STREET ADDRESS	CITY	STATE ZIPCODE
DESCRIBE RECORD SOUGHT		

MAIL OR BRING THIS REQUEST TO: CHICAGO POLICE HEADQUARTERS-RECORDS DIVISION, 3510 SOUTH MICHIGAN AVENUE, 1ST FLOOR, UNIT 163, CHICAGO ILLINOIS 60653, MONDAY THROUGH FRIDAY, EXCEPT HOLIDAYS, FROM 8:30 A.M. TO 3:30 P.M.

**RECORDS DIVISION**

RECEIVED BY - NAME	RANK/TITLE	STAR/EMPLOYEE NO.	RECEIVED <input type="checkbox"/> OTHER <input type="checkbox"/>
			<input type="checkbox"/> IN PERSON <input type="checkbox"/> BY MAIL
ROUTED TO	RESPONSE DELAYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	REQUESTER NOTIFIED - DATE	NOTIFIED BY
REQUEST DENIED - DATE	DENIED BY - PRINT NAME	RANK/TITLE	STAR/EMPLOYEE NO.
REASON FOR DENIAL			

SIGNATURE

DENIAL LETTER - DATE	MAILED BY	RECORD MADE AVAILABLE NO. OF PAGES	FEE	DATE	BY
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**CPD-31.509 (REV. 12/09)**