

ROUTING SLIP/INTRA OFFICE MEMO
CHICAGO POLICE DEPARTMENT

DATE

TO: _____

FROM: _____

SUBJ: _____

<input type="checkbox"/> FOR YOUR INFORMATION	<input type="checkbox"/> READ—INITIAL—FORWARD
<input type="checkbox"/> FOR YOUR ACTION & REPORT	<input type="checkbox"/> INVESTIGATE & REPORT
<input type="checkbox"/> FOR YOUR ACTION NO REPORT REQUIRED	<input type="checkbox"/> FOR ASSIGNMENT
<input type="checkbox"/> FOR REVIEW/SUGGESTION & REPORT	<input type="checkbox"/> RETURNED—OR CORRECTION FURTHER STUDY
<input type="checkbox"/> FILE INFORMATION ONLY	<input type="checkbox"/> OTHER

<input type="checkbox"/> REPORT OR RETURN BY	DATE	NO. OF COPIES	<input type="checkbox"/> REPLY ON THIS FORM
<input type="checkbox"/> CONTINUED REVERSE SIDE	SIGNATURE		