



**REQUEST FOR USE OF DEPARTMENT-OWNED LOCKER
CHICAGO POLICE DEPARTMENT**

Date _____

The undersigned member requests the use of a Department-owned locker and acknowledges to the following:

1. A member has no expectation of privacy when storing items in a Department-owned locker.
2. A member who has been assigned a Department-owned locker will not allow another member access or to share that locker without the express written consent of the district commander or unit commanding officer.

This section to be completed by the member requesting the locker.

PRINT Name		Star Number	Employee No.	
Job Title	Unit No.	Telephone No.	Email Address	
Current Locker Number (If applicable)	Locker Location (If applicable)	Signature of Member Requesting Locker X		
Name of Member Sharing Locker (If applicable)	Star Number	Employee No.	Job Title	Unit No.

This section to be completed by the member assigning the locker.

Signature of Member Assigning Locker X	Star/Employee No.	Job Title
Locker Number	Location of Locker	Date Locker Assigned

This section to be completed by the Unit/District Commander when member is no longer assigned to the unit.

Check the Appropriate Box Describing Member's Action		
<input type="checkbox"/> Transferred/Detailed To _____	Effective Date	
<input type="checkbox"/> Resignation <input type="checkbox"/> Other (Describe) _____		
Printed Name of Unit/District Commander	Signature of Unit/District Commander X	Date

Completed form will be retained in the member's personnel file in the district/unit of assignment.