

INQUIRY REQUEST WORKSHEET
CHICAGO POLICE DEPARTMENT

THIS SECTION IS TO BE COMPLETED BY OUTSIDE AGENCIES SUBMITTING INQUIRIES TO THE CHICAGO POLICE DEPARTMENT

REQUESTING AGENCY (Name and business address)	AGENCY PHONE NO.	AGENCY FAX NO.
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REQUESTOR'S NAME, TITLE AND UNIT OF ASSIGNMENT	REQUESTOR'S SUPERVISOR (Name & title)
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REASON FOR INQUIRY

IDENTIFY THE SUBJECT OF YOUR INVESTIGATION AND THE TYPE OF INFORMATION SOUGHT

I hereby certify that I am seeking information from the Chicago Police Department which is needed for a criminal investigation based upon reasonable suspicion. Any information I receive as a result of this inquiry is the property of the Chicago Police Department. All information provided is CONFIDENTIAL and RESTRICTED to use by the agency I represent, for legitimate law enforcement purposes only, and will not be disclosed to any employee of my agency who does not have a legitimate "need to know and right to know" or to any outside entity, except in a criminal prosecution. I understand that any use or archiving of the information provided beyond the purpose for which it was requested requires the express authorization of the Superintendent of the Chicago Police Department. I certify that the information provided by the Chicago Police Department will be destroyed or returned when it is no longer needed. Any violation of the terms of this request may subject the requestor to penalties, including, but not limited to, those enumerated in 28 CFR Part 23. I hereby certify that I have read the terms of this request and that the representations made on this form are true.

CERTIFIED on this _____ day of _____ 20 _____

METHOD OF INQUIRY (Check the appropriate box) <input type="checkbox"/> IN-PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> OTHER (Specify) _____	SIGNATURE	SIGNATURE OF REQUESTOR'S SUPERVISOR
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THIS SECTION IS TO BE COMPLETED BY AUTHORIZED CHICAGO POLICE DEPARTMENT PERSONNEL

UNIT RECEIVING REQUEST	RESPONSE ASSIGNED TO: (Name & star /employee no.)
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DATE INFORMATION ACCESSED	IDENTIFY SYSTEM(S) ACCESSED OR SOURCES OF INFORMATION
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RESULTS OF SEARCH (Check all that apply)

<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE CRIMINAL INTELLIGENCE	<input type="checkbox"/> POSITIVE NON-CRIMINAL IDENTIFYING INFORMATION	<input type="checkbox"/> NOT RELEVANT TO REQUESTOR'S INQUIRY (NO RELEASE)
			<input type="checkbox"/> RELEVANT TO INQUIRY

SUPERVISORY REVIEW	SUPERVISOR'S NAME, TITLE & STAR NO.	HAS NEED TO KNOW AND RIGHT TO KNOW BEEN ESTABLISHED?	SUPERVISOR'S SIGNATURE
		<input type="checkbox"/> YES - RELEASE OF INFORMATION AUTHORIZED	
		<input type="checkbox"/> NO - RELEASE NOT AUTHORIZED	

SUMMARY OF INFORMATION PROVIDED

SUMMARY PREPARED BY: (Name & star no.)	DATE INFORMATION PROVIDED TO REQUESTOR	PROVIDED BY: (Name & star no.)	INDICATE HOW INFORMATION WAS PROVIDED <input type="checkbox"/> IN-PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> OTHER (Specify) _____
DATE RECEIVED BY DATA SYSTEMS	OWNER OF THE DATA (Unit no.)	DATE COPY SENT TO OWNER	REQUESTOR NOTIFIED OF CHANGE (Date & CPD member)
		DATE RECORD MODIFIED (When applicable)	