RETIREMENT LETTER OF RECOGNITION REQUEST
CHICAGO POLICE DEPARTMENT

DATE OF REQUEST	DATE NEEDED

REQUESTED BY	UNIT NAME	UNIT NO.	CONTACT PERSON	CONTACT PHONE NO.

REQUESTING LETTER FROM SUPERINTENDENT
YES ☐ NO ☐

REQUESTING LETTER FROM MAYOR
YES ☐ NO ☐

LIST THE FOLLOWING INFORMATION IN THE TABLE BELOW FOR WHOM YOU ARE REQUESTING LETTERS.

FULL NAME	RANK	STAR NO.	EMPLOYEE NO.	APPT. DATE	RETIREMENT DATE	NAME OF UNIT RETIRING FROM	UNIT NO.	HOME ADDRESS

APPROVAL REQUIRED:	UNIT/DISTRICT COMMANDER (PRINT)	UNIT/DISTRICT COMMANDER (SIGNATURE)

CPD-12.150 (9/13)