

REQUEST TO DISCONTINUE CPD FORM

Chicago Police Department
 Research & Development Division
 Policy & Procedures - Forms Section

CPD Form No.

CPD Form Title

Date Requested

Complete this request as completely as possible. Signatures are required from the requester and from the appropriate Bureau/Division/Unit/Section relative to the subject matter and who is authorized to approve the discontinuance of the form. Forward the completed request and proposed discontinued form to the Research & Development Division, Forms Section, Unit 127.

Explain reason for discontinuance of CPD form.

Did another form replace this discontinued form?

If yes, what form replaced it? (CPD-No., Revision Date, & Title)

Yes No

If there is a replacement form, is there a related Department directive?

If yes, what is the Directive name and number?

Yes No

Name of Requester

Rank/Title

Telephone No.

E-Mail Address

Unit Name & No. of Requester

Requester's Signature

Date

Name, Rank/Title of Person Approving Discontinuance

Approval Signature

Date

CPD-15.271 (Rev. 5/09)