

**REQUEST FOR NEW CPD FORM**  
**Chicago Police Department**  
**Research & Development Division**  
**Policy & Procedures Section - Forms Section**

Date Requested	CPD Form No. <b>(Given by R &amp; D only)</b>
Estimated Date Needed	CPD Form Title

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

**PURPOSE OF NEW FORM**

Describe purpose and primary use of the proposed form.

Is there a Department Directive relative to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name and number of Department Directive?	
Where will form primarily be used?	Where will form be stored?	Does this form need to be: <input type="checkbox"/> Online <input type="checkbox"/> Printed

**RETENTION**

What is the estimated retention period on the form?	How will the form be stored? <input type="checkbox"/> Alphabetically <input type="checkbox"/> Chronologically <input type="checkbox"/> Numerically
Will this form discontinue and replace an existing CPD form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name & no.? _____	

**PRINTING (If online only, do not complete this section)**

Quantity?	Number of parts?	Size?	Paper color?	Number of sides of form? <input type="checkbox"/> One <input type="checkbox"/> Two	If two sided, print <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Toe
Type of paper stock of form? <input type="checkbox"/> Standard Bond <input type="checkbox"/> Carbonless (NCR) <input type="checkbox"/> Cardstock/Index <input type="checkbox"/> Other (Specify) _____			Check box if form needs to be: (Explain sequence below.) <input type="checkbox"/> Collated _____ <input type="checkbox"/> Stapled _____ <input type="checkbox"/> Folded _____		
Does the printed form need to be padded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left <input type="checkbox"/> Right If yes, indicate number per pad? _____			Does the form need to be punched? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 3-Hole Standard (Left) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> 2-Hole Standard (Top) _____		

**APPROVALS/SIGNATURES**

Unit Name & No. of Requester	Telephone No.	E-Mail Address
Name, Rank/Title of Requester	Requester's Signature	Date
Name, Rank/Title of Approver	Approver's Signature	Date