

**REQUEST FOR REVISED CPD FORM**

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

CPD Form No.	CPD Form Title
Date Requested	Date Needed

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 final revision of the form. Forward the completed request and sample draft of the form revision to the Research & Development Division, Forms Section, Unit 127.

Explain reason and description of revision. Note any changes in size, type, parts, paper, color, etc. of form.

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This form will discontinue (CPD-No., Revision Date, & Title)	Draft of Revision Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does this form need to be placed online at the Department Directives System?  
 Yes  No

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