



REQUEST FOR TIME EXTENSION
TACTICAL REVIEW and EVALUATION DIVISION
CHICAGO POLICE DEPARTMENT



FRU NO.	RD NO.	DATE OF REQUEST
---------	--------	-----------------

TO: COMMANDING OFFICER, TACTICAL REVIEW and EVALUATION DIVISION

FROM - REVIEW OFFICER NAME	RANK	STAR NO.	UNIT NO.
----------------------------	------	----------	----------

AN EXTENSION OF 30 DAYS IS REQUESTED TO COMPLETE THIS FORCE REVIEW FOR REASON(S) INDICATED BELOW:

DATE OF INCIDENT	DATE REVIEW ASSIGNED	ELAPSED TIME SINCE INCIDENT DAYS	NO. OF PRIOR REQUESTS
REVIEW OFFICER SIGNATURE		APPROVED - UNIT COMMANDING OFFICER	