

REQUEST FOR TRANSLATION

CHICAGO POLICE DEPARTMENT
 LANGUAGE ACCESS
 SPECIAL ACTIVITIES SECTION
 UNIT 441

DATE REQUESTED

DATE NEEDED

DOCUMENT TITLE (S)

INSTRUCTIONS: COMPLETE THIS REQUEST AS COMPLETELY AS POSSIBLE. FORWARD THIS COMPLETED REQUEST ALONG WITH THE SOURCE DOCUMENT(S) TO LanguageAccess@chicagopolice.org.

LANGUAGE(S) NEEDED

SPANISH CHINESE POLISH ARABIC OTHER (EXPLAIN) _____

DOCUMENT(S) FORMAT

MS WORD PDF OTHER (EXPLAIN) _____

ADDITIONAL INFORMATION (PLEASE ADD DETAILS OR SPECIFIC INSTRUCTIONS BELOW.)

UNIT NAME AND TITLE OF REQUESTER	TELEPHONE NUMBER	EMAIL ADDRESS
NAME, RANK/TITLE OF REQUESTER	REQUESTER'S SIGNATURE	DATE
NAME, RANK/TITLE OF APPROVER	APPROVER'S SIGNATURE	DATE