

# BICYCLE REPAIR/MAINTENANCE REQUEST

BICYCLE PATROL UNIT/CHICAGO POLICE DEPARTMENT

DATE OF REQUEST	DISTRICT	TELEPHONE NUMBER		
		BELL	PAX	
MANUFACTURER	MODEL/SIZE	SPEED (Circle One)		
		7	8	9

CPD INVENTORY NUMBER	DATE BICYCLE NEEDED
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BICYCLE PATROL OFFICER'S NAME	STAR NUMBER	CONTACT PHONE NUMBER
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NATURE OF REQUEST

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MECHANIC ASSIGNED	STAR NUMBER	DATE STARTED	DATE COMPLETED
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WORK COMPLETED (Check all boxes that apply.)

<input type="checkbox"/> BRAKE ADJUSTMENT (Circle One)	<input type="checkbox"/> HEADSET/NECK/STEM	<input type="checkbox"/> SUSPENSION
FRONT      REAR		
<input type="checkbox"/> DERAILLEUR ADJUSTMENT (Circle One)	<input type="checkbox"/> WHEEL TRUING	<input type="checkbox"/> TIRES
FRONT      REAR		
	<input type="checkbox"/> BOTTOM BRACKET	<input type="checkbox"/> SHIFTERS
<input type="checkbox"/> DRIVE TRAIN	<input type="checkbox"/> RE-CABLE	<input type="checkbox"/> OTHER (Indicate on lines below)
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		_____

NARRATIVE & PARTS USED

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TEST RIDE BY P.O.	DATE	
POOL BIKE CPD NUMBER	DATE	
TOTAL LABOR HOURS	DATE BICYCLE RETURNED TO DISTRICT	
DATE PICKED UP	POLICE OFFICER'S NAME & STAR NUMBER	BPU MECHANIC