| APPROVAL WATCH COMMANDER'S NAME (PRINT)  |      | WATCH CO        | MMANDE | R'S SIGNATUR | E                  |
|--|------|-----------------|--------|--------------|--------------------|
| REQUESTER'S SIGNATURE  |      |                 |        |              |                    |
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| ADDITIONAL INFORMATION   |      |                 |        |              |                    |
| OPERATIONS COMMAND NAME OF PERSON NOTIFIED NOTIFICATION  |      |                 |        | DATE/TIME    |                    |
| R.D. NUMBER(S) FOR RELATED INCIDENT  |      |                 |        |              |                    |
| POD NUMBER(S) FROM WHICH VIDEO IS TO BE RETRIEVED  |      |                 |        |              |                    |
|  |      |                 |        |              |                    |
| LOCATION OF INCIDENT   |      |                 |        |              |                    |
| DATE AND TIME OF INCIDENT  |      |                 |        |              |                    |
|  |      |                 |        |              |                    |
| NATURE OF INCIDENT (I.E. SHOOTING, ROBBERY, NARCOTICS, ETC.)                                       |      |                 |        |              |                    |
| REQUESTER'S NAME (Last - First - M.I.)   | STAR | STAR NO.        |        |              | UNIT OF ASSIGNMENT |
| INFORMATION AND STRATEGIC SERVICES AT 312 - 746 - 9534 AND OPERATIONS COMMAND AT 312 - 745 - 6927. |      | VIDEO RETRIEVA  | L D P  |              | CONTROL BOX REPAIR |
| INSTRUCTIONS: APPROVED FORMS WILL BE FAXED TO:   |      | NATURE OF REQUE | ST     |              |                    |
| FIXED REMOTE SURVEILLANCE POD VIDEO REPAIR/RETRIEVAL REQUEST CHICAGO POLICE DEPARTMENT             |      |                 |        |              | DATE               |