

**REQUEST TO INITIATE THE AMBER ALERT NOTIFICATION PLAN
CHICAGO POLICE DEPARTMENT**

REQUESTING INFORMATION

Date _____ Time _____ RD# _____ Victim/Missing Person's Name _____

Requesting Member: _____ Rank _____ Star No. _____
Last Name First Name MI.

Unit _____ Phone _____ PAX _____

NOTE: The requesting member must immediately forward a copy of the appropriate case report to the Youth Investigations Division.

YOUTH INVESTIGATIONS DIVISION

Request Received by: _____ Rank _____ Star No. _____
Last Name First Name MI.

APPROVAL ___ YES ___ NO Date/Time _____ Commander, YID _____

APPROVAL ___ YES ___ NO Date/Time _____ Exempt Member _____

APPROVAL ___ YES ___ NO Date/Time _____ Member of ISP _____

Signature of Preparing Member _____ Date/Time _____ Signature of Approving Supervisor _____