

**FREEDOM OF INFORMATION REQUEST**

CHICAGO POLICE DEPARTMENT

DATE SUBMITTED

REQUEST NO.

**INSTRUCTIONS:** PLEASE PRINT OR TYPE. SUBMIT ONE FORM FOR EACH RECORD REQUESTED. YOUR REQUEST SHOULD REASONABLY DESCRIBE THE RECORD SOUGHT. THE CHICAGO POLICE DEPARTMENT WILL RESPOND TO A REQUEST FOR A PUBLIC RECORD WITHIN 5 BUSINESS DAYS AFTER ITS RECEIPT BY THE FREEDOM OF INFORMATION SECTION (FOIA). A RESPONSE TO CERTAIN REQUESTS MAY REQUIRE UP TO 5 ADDITIONAL BUSINESS DAYS, IN WHICH CASE YOU WILL BE NOTIFIED. YOU WILL ALSO BE NOTIFIED SHOULD YOUR REQUEST BE DENIED.

**REQUESTER INFORMATION**

PRINT NAME (LAST - FIRST - M.I.)

SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

TELEPHONE NO.

**RECORDS SOUGHT (Check all boxes that apply.)** ORIGINAL CASE INCIDENT REPORT

RD NO.

DATE OF INCIDENT

LOCATION

 ARREST REPORT

ARRESTEE NAME

CB NO.

DATE OF ARREST

LOCATION

 CRIMINAL HISTORY REPORT

NAME

DATE OF BIRTH

IR NO.

 OTHER RECORDS (Describe other records sought on the lines below.)

MAIL OR BRING THIS REQUEST TO: CHICAGO POLICE DEPARTMENT, RECORDS DIVISION, CUSTOMER SERVICE SECTION, 3510 SOUTH MICHIGAN AVENUE, 1ST FLOOR, UNIT 163, CHICAGO ILLINOIS 60653, MONDAY THROUGH FRIDAY, EXCEPT HOLIDAYS, FROM 8:00 A.M. TO 3:00 P.M.

**FREEDOM OF INFORMATION SECTION**

F.O.I.A. MEMBER ASSIGNED

DATE RECEIVED

DUE DATE

METHOD RECEIVED

 EMAIL  FAX  MAIL  WALK-IN  INTERNAL  ONLINE  OTHER
**TIME STAMP**