

OUT OF CITY VEHICLE INSURANCE REQUEST

CHICAGO POLICE DEPARTMENT/FINANCE DIVISION

INSURANCE COVERAGE FOR DEPARTMENT VEHICLES

UNIT NAME & NUMBER	DESTINATION
DATE OF DEPARTURE	DATE OF RETURN
VEHICLE NO.	LICENSE PLATE NO.
YEAR, MAKE & MODEL OF CAR	
DRIVER OF VEHICLE	
DESIGNATED SUPERVISOR'S SIGNATURE	DISTRICT/UNIT COMMANDING OFFICER'S SIGNATURE

RETURN ABOVE INFORMATION TO THE FINANCE DIVISION, UNIT 122, FIVE DAYS PRIOR TO DEPARTURE DATE.

CPD-61.307 (Rev. 5/19)