



CITY OF CHICAGO OFFICE OF EMERGENCY MANAGEMENT & COMMUNICATIONS PRIVILEGED AND CONFIDENTIAL

MEDIA/DATA REQUEST REQUEST DATE: TO: OEMC KEEPER OF RECORDS FROM: **DEPARTMENT/AGENCY:** PROVIDE ALL INFORMATION BELOW. COMPLETE A SEPARATE FORM FOR EACH INCIDENT **TYPE OF INCIDENT:** DATE OF INCIDENT: TIME OF INCIDENT: LOCATION OF INCIDENT: CHICAGO POLICE DEPT. RD # AND/OR EVENT # REASON FOR REQUEST (CASE/CR/U/EO/SPAR/LOG NUMBER): **ADDITIONAL COMMENTS / INFORMATION: MATERIALS REQUESTED:** AUDIO OF 911 CALLS **POD/ OVS CAMERA VIDEO CPD RADIO TRANSMISSIONS** \Box GPS DATA **CFD RADIO TRANSMISSIONS** PDT MESSAGES (INDICATE UNITS OR PDT # ABOVE) □ CAD EVENT QUERIES / UNIT HISTORY **OTHER (SPECIFY):** DANIZ. DECHESTED SIGNATURE

REQUESTER NAME (PRINT)	KANK:	REQUESTER SIGNATUR	(Ε:
STAR/EMPLOYEE/BADGE #:	UNIT	TELEPHONE #:	PAX/MARSHAL#
DEPUTY / WATCH COMMANDER/ DIRE CORPORATION COUNSEL NAME (PRINT		SIGNATURE:	

FAX REQUESTS TO:

CFD AUDIO AND CAD AND ALL OTHER REQUESTS: (312) 746-9333 PDT MESSAGES AND VIDEO: (312)746-9202 CPD AUDIO, CAD, GPS DATA: (312)746-9154 EMERGENCY AFTER-HOURS (312)746-9335

FOR OEMC USE ONLY

APPROVED FOR RELEASE	DATE:	SIGNATURE:
PREPARED BY:	DATE PREPARED:	
MAIL DELIVERY	DATE SENT:	VIA:
PICK UP	DATE PICKED UP:	RECEIVED BY:

FORM:OEMC-109 (REV. 4/13)