

**REQUEST FOR CERTIFIED
COPY OF DRIVER'S RECORD**
CHICAGO POLICE DEPARTMENT

DATE OF REQUEST

TO: SECRETARY OF STATE
ATTN: DRIVER LICENSE RECORDS
2701 S. DIRKSEN PARKWAY
SPRINGFIELD, ILLINOIS 62723

FROM: CHICAGO POLICE DEPARTMENT

SUBJECT: REQUEST FOR CERTIFIED COPY OF DRIVING RECORD

1. Pursuant to 625 ILCS 5/6-117 of the Illinois Vehicle Code, please furnish a Certified Copy of the Driving Record from the files of the person identified below.

CITATION NO.

VIOLATION

- 625 ILCS 5/6 - 303 Driving while license or permit suspended or revoked
- 625 ILCS 5/6-507(b) Driving commercial vehicle while license suspended, revoked, canceled or out of service

COURT DATE	COURT ROOM	COURT TIME
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DRIVER'S NAME (LAST - FIRST - M.I.)

DRIVER'S LICENSE NO.	SEX	DATE OF BIRTH (MO.-DAY-YR)
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STREET ADDRESS	APT. NO.
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CITY	STATE	ZIP CODE
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ARRESTING OFFICER	STAR NO.	CPD UNIT NO.
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2. SEND CERTIFIED COPY OF REQUESTED DRIVING RECORD TO:

Cook County State's Attorney
Traffic Division
50 West Washington Street
Chicago, Illinois 60602