|  | Request No.  |
|--|--|
| City of Chicago Depar  | rtment of Transportation   |
| Freedom of Inf   | formation Request  |
| Please type or print   |  |
| Requester's  | Organization   |
| Name:  | (if any):  |
| Address:   |  |
|  | <br>Telephone  |
| Zip:   | No.:   |
| Email:   |  |
| Records sought   |  |
| (be specific):   |  |
|  |  |
|  |  |
|  |  |
|  | Signature of Requester   |
|  | thin seven working days after its receipt. If your request is sed to Commissioner, Chicago Department of Transportation, |
| (For age   | ncy use only)  |
| Name and title of person receiving request:  | Date Request Received:   |
| Name:  | Title:   |
| Response (attach correspondence):  Records made available  Request denied  Req | Signature:   |
| Copies made Yes  No  | Date:  |
|  |  |

If information is needed in another language contact, 312-744-3600.

Agency Comments (time, reason for denial, copy cost, etc.)

Si necesita esta información en otro lenguaje, llame al 312-744-3600.

Jeśli potrzebne są informacje w innym języku, prosimy o kontakt z nami pod numerem 312-744-3600.

如果需要以另一語言獲得相關資訊, 請聯絡 312-744-3600.