

**POLICE BOARD
CITY OF CHICAGO**

FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Requester's Name: _____ Date: _____

Organization: _____

Mailing Address: _____

E-mail Address: _____ Phone #: _____

Records Requested (Please provide as much specific detail as possible. Attach additional pages if necessary.)

Type of Request: ___ Inspect Records ___ Copies of Records ___ Both

Submit this request in person or via U.S. mail or e-mail to:

Chicago Police Board
30 North LaSalle Street, Suite 1220
Chicago, Illinois 60602
E-mail: CPBfoia@cityofchicago.org

(For Police Board Use Only)

Date Request Received: _____ 5-Day Response Deadline: _____

Request Granted in its Entirety? ___ Yes ___ No (If "No" see attached letter.)

Number of Copies Made: _____ Copying Fee: _____ Date Fee Paid: _____

Notes:

Date of Response: _____ Signature: _____