

**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  
2 North LaSalle Street, Suite M800  
Chicago, Illinois 60602  
E-mail: CPBfoia@cityofchicago.org

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(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: \_\_\_\_\_