

**Bureau of Technical Services
Chicago Police Department**

Reference Number
B.T.S. Office use only
Date Received

**REPAIR/SERVICE REQUEST
PUBLIC SAFETY HEADQUARTERS BUILDING**

Unit Requesting _____ Unit No. _____

Date Service Requested _____

Location: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th Floor ☐ Other _____

Room Number _____ Work Station Number _____

Person Requesting Service _____ Star/Employee No. _____
(Please Print)

Contact Number Pax _____ Bell _____

Supervisor Approval _____

Describe in detail what type of service or repair is needed. Example: Under cabinet light in work station flickers on and off.

Fax completed form to: Bureau of Technical Services
Unit 130
Fax No. - 745 - 6903