

CASE#: [REDACTED]  
TEAM: 8503  
DESK: 3  
DATE: 4/27/2016

RECORDS REQUEST

RETURN FAX#: (800) 365-1962

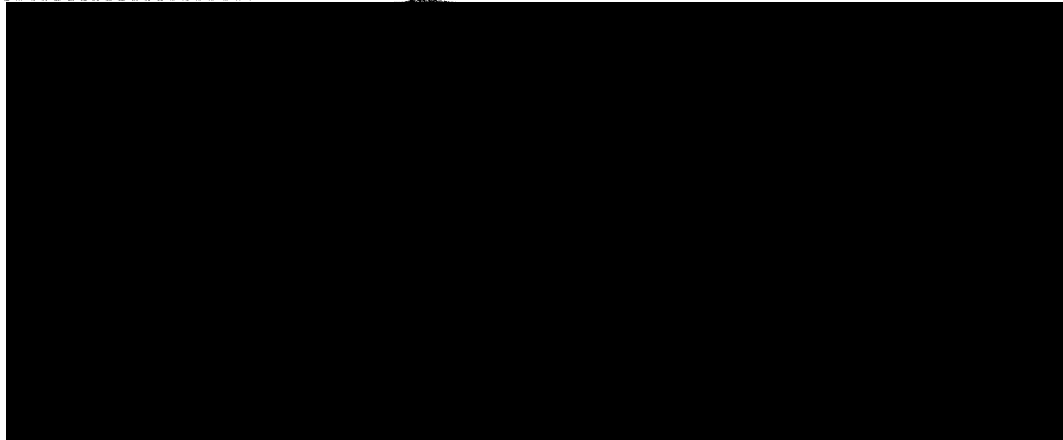
NAME: [REDACTED]  
SSN: [REDACTED]  
DOB: [REDACTED]  
STATE: IL  
INSURANCE  
BENEFITS  
PENDING

COMPANY: [REDACTED]  
ACCT#: [REDACTED]  
POLICY#: [REDACTED]

FACILITY: METRA POLICE/ FREEDOM OF INFORMATION  
ADDRESS: 15-E 547 W JACKSON BLVD  
CITY/ST: CHICAGO, IL 60661  
PH#: (312) 322-6777  
FAX#: (000) 000-0000

[REDACTED]  
UNKNOWN  
REQUESTER: DIANE SICH  
U/W TEAM:

SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH REQUESTED INFO  
AGENT: DIANE SICHER 6108077359 AGENCY: PLEASE OBTAIN THE REPORT FOR THE INCI  
DENT ON 11/21/15 AT THE RAILROAD STATION



RETURN TO: P.O. Box 2729  
TEAM: 8503

Jacksonville FL 32203-2729  
PHONE: (800) 456-6921

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