



REQUEST FOR WAIVER OF CFD/EMS FEES

HUMAN RESOURCE DIVISION / CHICAGO POLICE DEPARTMENT

INVOICE NO.		DATE OF EMS: ___ / ___ / ___		LOCATION OF EMS:	
		TIME OF EMS: _____ :			
NAME OF PERSON TRANSPORTED:			ADDRESS:		TELEPHONE No.:
					() _____ - _____
SWORN MEMBERS NAME:			RANK:	STAR/EMPLOYEE No.:	UNIT OF ASSIGNMENT
CFD/EMS FOR:	SWORN MEMBER	TRANSPORT OCCURRED	ELIGIBLE DEPENDENT	SPECIFY RELATIONSHIP	
	<input type="checkbox"/>	<input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY	<input type="checkbox"/>		
<input type="checkbox"/> I attest that the above information is correct to the best of my knowledge and that the above named person receiving CFD/EMS is eligible for exemption of fee.					
SWORN MEMBERS SIGNATURE:			STAR/EMPLOYEE No:	DATE: ___ / ___ / ___	
X _____				TIME: _____ : _____	
SEND THIS COMPLETED FORM ALONG WITH YOUR CFD/EMS BILL TO THE POLICE DEPARTMENTS HUMAN RESOURCE DIVISION, UNIT 123, WITHIN 30 DAYS OF RECEIVING INVOICE.					
POLICE DEPARTMENT HUMAN RESOURCES ONLY					
CONFIRMED STATUS			(SPECIFY REASON)		
<input type="checkbox"/> ELIGIBLE SWORN MEMBER <input type="checkbox"/> ELIGIBLE DEPENDENT			<input type="checkbox"/> NOT ELIGIBLE		
CONFIRMED BY:		SIGNATURE:	STAR/EMPLOYEE No:	DATE :	
HUMAN RESOURCE MEMBER'S NAME			#	___ / ___ / ___	
X _____		X _____	TELEPHONE:	TIME:	
			() _____ - _____	_____ :	
FAXED TO CITY OF CHICAGO REVENUE DEPARTMENT BY:		SIGNATURE:	STAR/EMPLOYEE No:	DATE:	
X _____		X _____	#	___ / ___ / ___	
DIVISION MEMBERS NAME				TIME:	
				_____ :	