



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"/>	

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: HUMAN RESOURCE MEMBER'S NAME	SIGNATURE:	STAR/EMPLOYEE No: #	DATE:
X _____	X _____	() _____ - _____	_____/_____/_____ TIME: _____:

FAXED TO CITY OF CHICAGO REVENUE DEPARTMENT BY:	SIGNATURE:	STAR/EMPLOYEE No: #	DATE:
X _____ DIVISION MEMBERS NAME	X _____		_____/_____/_____ TIME: _____: