



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 #: UNIT OF ASSIGNMENT

CFD/EMS FOR: SWORN MEMBER TRANSPORT OCCURRED ELIGIBLE DEPENDENT SPECIFY RELATIONSHIP
() () ON DUTY () OFF DUTY ()

() 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)
ELIGIBLE SWORN MEMBER ELIGIBLE DEPENDENT NOT ELIGIBLE

CONFIRMED BY: SIGNATURE STAR/EMPLY #: DATE:
HR MEMBERS NAME # _____ ___/___/___

X ----- X ----- PH# _____ TIME: _____:

FAXED TO CITY'S REVENUE BY: SIGNATURE: STAR/EMPLY #: DATE:
_____ ___/___/___

X _____ X _____
DIVISION MEMBERS NAME

