

REQUEST FOR WAIVER OF CFD/EMS FEES
HUMAN RESOURCES DIVISION/CHICAGO POLICE DEPARTMENT

INVOICE No.	DATE/TIME OF EMS	LOCATION OF EMS		
NAME OF PERSON TRANSPORTED		ADDRESS		TELEPHONE No.
SWORN MEMBER'S NAME		RANK	STAR/EMPLOYEE No.	UNIT OF ASSIGNMENT
CFD/EMS FOR:	SWORN MEMBER <input type="checkbox"/>	TRANSPORT OCCURRED <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY	ELIGIBLE DEPENDENT <input type="checkbox"/>	SPECIFY RELATIONSHIP

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 fees.

SWORN MEMBER'S SIGNATURE	STAR/EMPLOYEE No.	DATE/TIME
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Send this completed form to the Human Resources Division, Unit 123, within 30 days of receiving invoice.

HUMAN RESOURCES DIVISION ONLY

CONFIRMED STATUS		(SPECIFY REASON)	
<input type="checkbox"/> ELIGIBLE SWORN MEMBER	<input type="checkbox"/> ELIGIBLE DEPENDENT	<input type="checkbox"/> NOT ELIGIBLE	
CONFIRMED BY: HUMAN RESOURCES DIVISION MEMBER'S NAME	SIGNATURE	STAR/EMPLOYEE No.	DATE/TIME
FAXED TO THE CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES DIVISION MEMBER'S NAME	REVENUE BY : SIGNATURE	STAR/EMPLOYEE No.	DATE/TIME