CITY OF PHILADELPHIA DEPARTMENT OF RECORDS INTERNET ACCESS TO PHILADOX-ICRIS RECORDERS INDEX AND DOCUMENTS

Company Name		
Company Address		
City	State	Zip
Address 2		
City	State	Zip
Company Telephone Numbe	r	
Company E-mail Address		
Please Pick Your Company Type from List		<< Click to Choose
Please Describe Your Busine	ess	
Please Describe How You W	ill Use The System	

NAME OF AUTHORIZED COMPANY REPRESENTATIVE:

First Name	Last Name
Telephone Number	
E-mail Address	

Signature of Authorized Representative

NAME OF STAFF PERSON AUTHORIZED TO ACCESS PHILADOX iCRIS:

First Name

Last Name

Telephone Number

E-mail Address

SIGNATURE OF STAFF PERSON AUTHORIZED TO ACCESS PHILADOX FOR THE COMPANY:

RETURN TO:

Commissioner, Department of Records, Room 156 City Hall, Philadelphia, PA 19107, Attn: iCRIS Application. Telephone (215) 686-2261. FAX (215) 686-2273.