

**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 Number

Company E-mail Address

Please Pick Your Company Type From List:

[<< Click Here to Choose](#)

Please Describe Your Business

Please Describe How You Will 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.