



Premise Alert Program Notification Form

The Illinois Premise Alert Program (Public Act 96-0788) provides for Public Safety Agencies in the State of Illinois to allow people with special needs to provide information to police, fire and EMS personnel to be kept in a database. The information can then be provided to responders dealing with situations involving the Special Needs individuals.

The below information provided by you will be kept confidential and used only to provide Police, Fire and EMS personnel with the information needed to deal with situations or emergencies involving a Special Needs person.

The notification expires **2 (two) years** after the date it was submitted. You may update or renew it at any time by filing the form.

Please return the completed for to:

FoxComm E9-1-1 Communication Center
301 S Route 59
Fox Lake, IL 60020

The individual or other person provides the data in order to provide responding Police, Fire or EMS personnel information to provide emergency services. The information will be entered into databases maintained by the Police and Fire Departments and may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the FoxComm E9-1-1, police and fire departments nor any other responding agencies will not be held liable for duties relating to the reporting of special needs individuals.

I also understand that if any of the above information changes I must notify the FoxComm E9-1-1 Communications by filing an amended request form. The information **will self expire 2 (two) years** from the date received by FoxComm E9-1-1 and I must renew the form if I want the information kept in the Police and Fire Databases.

I understand and agree to these terms:

Signature Print Name Date Signed

Police & Fire Use Only:

Date received by FoxComm: _____

Date entered into PD CAD _____ Entered by: _____ ID # _____

Date forwarded to PD _____

Date entered into FD CAD _____ Entered by: _____ ID # _____

Date forwarded to FD _____

Illinois Premise Alert Program Enrollment Form

Please Print Legibly New Change Information Remove Information

Name: _____ Date of Birth: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: _____ Work : _____ Cellular: _____

Place of employment:

Address: _____

City: _____ State: _____ Zip: _____

Educational Facility: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Special Needs:

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. This information will be kept on file for a period not to exceed **two (2) years**. A notification will be made prior to that 2 year deadline. If the information is not confirmed at that time, the information will be removed from this database. It **shall be the responsibility of the undersigned** to notify FoxComm E9-1-1 in writing of any changes to this information as soon as those changes are known. The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to FoxComm E9-1-1 to enter this information into the Premise Alert Program (PAP) database

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

Please return completed form to FoxComm E9-1-1, 301 S. Route 59 Fox Lake, Illinois, 60020