

## **Premise Alert Program Notification Form**

The Illinois Premise Alert Program (430 ILCS 132) authorizes Public Safety agencies in the State of Illinois to allow people with disabilities or special needs an ability to provide information to Police, Fire, and EMS personnel to be kept in a database. The information can then be disseminated to responders dealing with situations involving the individuals with disabilities or special needs.

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 assist with emergencies or situations involving a person with disabilities or special needs.

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

Please return the completed form to:

Park Ridge Police Department Attn: Social Services 200 S Vine Avenue Park Ridge, IL 60068

The information will be entered into a database maintained by your local public safety (police, fire, and dispatch) agencies. Information will only be shared with other Police, Fire, and EMS personnel in the event neighboring agencies respond in support of your local public safety agency during an emergency.

It is understood that the information provided is to make responders aware of any special needs or hazards that may exist during an emergency and does not hold the Park Ridge Police Department liable for duties relating to the reporting of individuals with disabilities or special needs. In addition, providing this information will not result in any form or type of preferential treatment.

I understand and agree to	new the form if I wish the information to remain in the Police, Fire, hese terms:	and Livio databases.
Print Name	Signature Date	

Person with Special Needs:	□ New	☐ Update	e □ Rei	newal	
Name	_	Employed	by:		
Home Address (Unit/Apt#)	_	Work Address			
City State Zip	_	City	State	Zip	
Home Phone Cell Phone		Work Phor	ne C	Other Phone (Type)	
Oate of Birth () M () F		Height	Weight Eye	e Color Hair Color	
Special Needs Information: Please	advise the natur	e of Special Ne	eds for this ind	ividual.	
Please describe any precautions or ha	azards Emergen	cy Services pe	rsonnel should	be aware of:	
Person Providing Information:					
This information is being provided by:		☐ The in	dividual named	above.	
	OR				
			<del>, , , , . , . , . , . , .</del>		
Name (Please Print)		Relationship to the Special Needs Person			
Address		City	State		
Home Phone				Zip	
Emergency Contacts / Key Holders:		Alternate C	Contact Number	Zip _	
		Alternate C	Contact Number	Zip _	
Name		Alternate C		Zip	
Name Name			mber	Zip 	