

Village of Streamwood Fire and Police Department

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 Departments to be kept in a secure database. The information can then be accessed by Police, Fire or EMS units responding to the specified location(s) in dealing with situations involving the Special Needs individuals.

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

The notification expires two (2) years after the date it is submitted and the information will be deleted from the database. You may update or renew it at any time by submitting a new form.

Please return the completed forms to: **Village of Streamwood
Attn: Police Records Section
401 E. Irving Park Road
Streamwood, IL 60107**

The data is provided by the individual or other person in order to provide responding Police, Fire or EMS personnel information to assist them in providing emergency services. The information will be entered into a database 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 information on the special needs person will be associated with the address provided and will be provided to police, fire or EMS units responding to the address.

I understand that the information provided here will not result in any type of preferential treatment to the individual and that the Village of Streamwood, its 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 attached information changes I must notify the Village of Streamwood Police Records Department by filing an amended request form. The information will self-expire two (2) years from the date received by the Records Department and will be deleted from the database. I must renew the form if I want the information kept in the Police and Fire database.

I hereby verify that I am an individual with special needs or a family member, friend, caregiver or medical personnel familiar with the special needs individual and I understand and agree to these terms.

Signature

Print Name

Date Signed

Relationship to individual—check one

Individual with special needs

Family Member

Caregiver

Friend

Medical Personnel

Special Needs Person Information:

New _____ Update _____ Renewal _____

Name

Employer

Home Address

Work Address

City, State, Zip

City, State, Zip

Home Phone

Cell Phone

Work Phone

Date of Birth

M F
Sex

Height

Weight

Eyes

Hair

Special Needs Information: Please advise nature of Special Needs for this individual:

Please advise what type of precautions Emergency Service personnel should be aware of:

Information Provider / Contact Persons

This information is being provided by:

The individual named above _____ Or

Name

Relationship to the Special Needs Person

Address

City, State, Zip

Home Phone

Alternate Phone