



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 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 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 form to:

**Prospect Heights Department
Records Supervisor
14 E. Camp McDonald Rd.
Prospect Heights, IL 60070**

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

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the City of Prospect Heights, its police 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 Prospect Heights Police Department by filing an amended request form. The information will self-expire 2 (two) years from the date received by the Police Department and I must renew the form if I want the information kept in the Police Database.

I understand and agree to these terms:

Signature

Print Name

Date Signed

Police Use Only:

Date received by PD: _____

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

Premise Alert Program

Special Needs Person information: New Update Renewal

Name

Employed by:

Home Address

Work Address:

City State ZIP

City State ZIP

Home Phone

Cell Phone

Work Phone

FAX

() M () F

Date of Birth

SEX

Height

Weight

Eye color

Hair Color

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

Please advise what type of Precautions Emergency Services 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

Email address

