

# Pingree Grove 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 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 form to:

Pingree Grove Police Department  
Records Section  
One Police Plaza  
Pingree Grove IL 60140

The data is provided by the individual or other person 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 Village of Pingree Grove, its police department 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 below information changes I must notify the Pingree Grove 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 and Fire databases.

I understand and agree to these terms:

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Signature	Printed Name	Date Signed
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Police & Fire Use Only:

Date received by PD: \_\_\_\_\_

Date forwarded to Kane Comm \_\_\_\_\_ Forwarded by: \_\_\_\_\_ ID# \_\_\_\_\_

Confirmed Kane Comm received by \_\_\_\_\_ Kane Comm Personnel receiving \_\_\_\_\_

Special Needs Person information: <input type="checkbox"/> New				<input type="checkbox"/> Update		<input type="checkbox"/> Renewal					
Name				Employed by:							
Home Address				Work Address							
City		State		ZIP		City		State		ZIP	
Home Phone		Cell Phone		Work Phone		Other Phone (Type)					
		<input type="checkbox"/> M <input type="checkbox"/> F									
Date of Birth		Sex		Height		Weight		Eyes		Hair	

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

<b>Information Provider / Contact persons</b>	
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
	Signature