



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 two (2) years from the date submitted. You may update or renew a Premise Alert Program form at any time by re-filing the form.

Please submit 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.

Personal Information: New Application Update Application Renewal Application

Name:

Home Address:

Suite / Unit #

City

State

Zip

Identifying Scars, Marks, Tattoos, etc.

Home Phone:

Cell Phone:

Best Method of Communication

Sex

E-mail Address

Height

Weight

Eyes

Hair

D.O.B**Emergency Contacts:****#1**

Name:

Home Address:

Suite / Unit #

Home Phone:

Cell Phone:

E-mail Address**#2**

Name:

Home Address:

Suite / Unit #

Home Phone:

Cell Phone:

E-mail Address**#3**

Name:

Home Address:

Suite / Unit #

Home Phone:

Cell Phone:

E-mail Address

Medical Contact Information:

Doctor's Name:

Doctor's Phone #

Medical Condition:

List of Medications:

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

Favorite Places to Eat, Visit, Hang Out:

Any Usual Habits:

I understand and agree to these terms certifying that all information listed is to the best of my knowledge:

Signature

Printed Name

Date Signed

To be completed by Emergency Personnel

Received by Police Department on: _____

Received by: _____

Forwarded to Fire Department on: _____

Forwarded by: _____

Forwarded to KaneComm on: _____

Forwarded by: _____

Confirmation KaneComm received
this document on: _____

KaneComm Personnel
receiving this document: _____

Confirmation Fire Department
received this document on: _____

Fire Department
Personnel receiving this
document: _____

Date information entered into the
Frontline Database: _____

Entered into the Frontline
Database by: _____