



Village of Palatine 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 Police, Fire and EMS units responding to the specified locations in dealing with the situations involving the Special Needs individuals.

The form can be found online at:

<http://www.palatine.il.us/assets/1/police/PremiseAlert.pdf>

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

Please return completed form to:

Palatine Police Department
Technical Services Supervisor
595 N. Hicks Road
Palatine, IL 60067

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. This 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 Fire, Police and EMS responding to the address.

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 Palatine, its police and fire departments nor any other responding agencies will not be held liable for duties relating to the reporting of the special needs individuals.

I also understand that if any of the attached information changes I must notify the Palatine Police Department by filing an amended request form. The information will expire 2 (two) years from the date received and will be deleted from the database. The form must be renewed if the information is to be kept in the database.

I understand and agree to these terms:

Signature

Print Name

Date

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

Other

Date of Birth

) M () F

Height Weight

Hair

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

Please advise precautions Emergency Services personnel should be aware of:

Information Provider/ Contact Persons

This information is being provided by:

Individual named above

OR:

Name

Relationship

Address

City State Zip

Home Phone

Alternate