



**Illinois Premise Alert Program Enrollment Form
Lake in the Hills Police Department
1115 Crystal Lake Rd., Lake in the Hills, IL 60156**

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.

New Change Information Renewal

Individuals Information:

Name: _____ Date of Birth: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Needs: _____

Information Provider / Contact persons

This information is being provided by: The individual named above.

OR

Name: _____

Address: _____

City, State, & Zip: _____

Home Phone: _____ Cell Phone: _____

Relationship to the Special Needs Individual: _____

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment.

This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2 year deadline. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Lake in the Hills Police Department in writing of any changes to this information as soon as those changes are known.

The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available.

The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally.

The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual.

By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Lake in the Hills Police Department to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____