



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 for to:

**Wheeling Police Department
Communications Supervisor
1 Community Boulevard
Wheeling IL 60090**

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 Wheeling, its police and fire departments 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 Wheeling 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:

Signature

Print Name

Date Signed

Police & Fire Use Only:

Date received by PD: _____

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

Date forwarded to FD _____

Date entered into FD CAD _____ Entered by: _____ ID # _____

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 Other Phone (Type)

Date of Birth () M () F 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

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