

Fox River Grove Police Department Premise Alert Program Notification Form

Please Print Legibly New Change Information Remove Information Renewel

Special Needs Person Information: Name: _____

Date of Birth: _____ Male Female Height: _____ Weight: _____ Eyes: _____ Hair: _____

Home Address: _____ Apt.# _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

Place of Employment: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Educational Facility: (if applicable): _____ Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs Information: Please advise of the nature of the special needs for this individual:

Please advise what type of precautions (if any) that Emergency Services Personnel should be aware of:

Emergency Contact: Name: _____ Relationship: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

I understand:

- By completing and submitting this form I hereby verify the above person has a physical or mental impairment requiring the above listed special needs and I hereby give permission to the Fox River Grove Police Department to enter this information into the secured Premise Alert Program (PAP) database in the McHenry Police Department Communications Center. This information will be provided to first responders prior to their arrival at the scene.
- This information will remain confidential and only by the Fox River Grove Police Department personnel and conforms to the Illinois Public Act 96-0788.
- By furnishing this information it does not result in preferential service or create a special duty on the part of the Fox River Grove Police toward anyone associate with the listed person or the person themselves.
- This information is kept on file for two (2) years an if any of the above listed information changes I am responsible for notifying the Fox River Grove Police Department by filing an amended request form.
- This information automatically expires in two (2) years from the date it is received by the Police Department and that I must renew the form prior to expiration if I want the information to remain in the database.
- By signing and submitting this form I am certify that I have read and understand this form in its entirety and I hereby give my permission for my name and phone number to be released to the emergency and law enforcement agencies of McHenry County. I understand this information will remain confidential and used only by police, fire, EMS, and 9-1-1 personnel.

Information Provider: Print Name: _____ Relationship: _____

Signed: _____ Date: _____