



Kenilworth Police Department/Winnetka Fire 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 2 (two) years after the date it was submitted. You may update or renew it at any time by filing this form.

Please return this completed form to:

Kenilworth Police Department
419 Richmond Road
Kenilworth, IL 60043

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. I further certify that the Village of Kenilworth, The Kenilworth Police Department, The Winnetka Fire Department nor any other responding agency 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 Kenilworth 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:

Print Name

Signature

Date Signed

Police & Fire Use Only

Date Received by Police	Date	Time	Initials & Badge
Date Entered In Database	Date	Time	Initials & Badge
Date Forwarded to RED Center	Date	Time	Initials & Badge

Special Need Person Information:		<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Renewal
Name		Employed By		
Home Address		Work Address		
City	State & Zip	City	State & Zip	
Home Phone	Cell Phone	Work Phone		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Height	Weight	Eyes
Date of Birth	Sex	Hair		

Special Needs Information:	<i>Please advise the nature of Special Needs for this individual:</i>
<i>Please advise what type of precautions (if any) that Emergency Services Personnel should be aware of:</i>	

Information Provider / Contact Person	
This information is being provided by: <input type="checkbox"/> The individual named above	
OR	
Name	Relationship to Special Needs Person
Address	City State ZIP
Home Phone	Alternate Phone