



## Lake Forest Public Safety

# 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 disabilities, special needs, or both to provide information to police, fire and EMS personnel to be kept in a database. The information provided can be used to offer guidance and assistance to public safety workers in responding to and assisting those persons with disabilities or special needs. Families, caregivers, or the person with a disability or special needs may provide this information.

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. Information must be updated every two years, or whenever the information changes. You may update or renew it at any time by re-filing the form with the Lake Forest Fire or Police Departments.

Please return the completed form to:

**Lake Forest Public Safety  
255 W. Deerpath  
Lake Forest, IL 60045  
ATTN: Fire Department Admin**

The data is provided by the individual or other person in order to provide responding Police, Fire and EMS personnel additional information to use while performing their duties. 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.

By signing below, I am representing that I am authorized to provide this information, and I am giving permission for this information to be entered into databases for use by the Police and Fire Department, and other emergency services agencies as needed. I understand that the information provided will not result in any type of preferential treatment for anyone, and that neither the City of Lake Forest, its Police and Fire Departments, nor any other emergency services agencies can be held liable for duties relating to reporting this information.

I also understand that if any of the information changes I am responsible for notifying the Lake Forest Fire or Police department, by filing an amended request form. The information will self expire 2 (two) years from the date received by the Dispatch Center, and I am responsible for renewing 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**

**Official Use Only:**

Date received by GPSDC: \_\_\_\_\_ Date information verified \_\_\_\_\_

Date entered into CAD \_\_\_\_\_ Entered by: \_\_\_\_\_ ID # \_\_\_\_\_

**Special Needs / Disability Information:**     **New**             **Update**             **Renewal**

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Name \_\_\_\_\_ Employer \_\_\_\_\_

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Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_      City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_      Work Phone \_\_\_\_\_ Other Phone (Type) \_\_\_\_\_

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Date of Birth \_\_\_\_\_ Sex ( ) M ( ) F      Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

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**Special Needs / Disability Information:**      Please advise the nature of the special needs or disability 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:

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Name \_\_\_\_\_ Relationship to the Special Needs Person \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_