

Village of Schaumburg Police Department Premise Alert Program Notification Form

The Illinois Premise Alert Program (430 ILCS 132/1 et seq) 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 Police/Fire/EMS units responding to the specified locations in dealing with situations involving the Special Needs individuals.

The information provided by you will be kept confidential and used only to provide Police, Fire and EMS personnel responding to specified locations with the information needed to deal with situations or emergencies involving a Special Needs person.

The notification expires and the information will be deleted from the database 2 (two) years after the date it is submitted. You may update or renew it at any time by submitting a new form.

Please return the completed form to:

**Village of Schaumburg Police Department
Front Desk
1000 W Schaumburg Rd
Schaumburg, IL 60194**

The data is provided by the individual or other person in order to provide responding Police, Fire or EMS personnel information to assist them in providing emergency services. The information will be entered into a database 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 information on the special needs person will be associated with the address provided and will be provided to police, fire or EMS units responding to the address.

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 Schaumburg, 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 attached information changes I must notify the Schaumburg 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 will be deleted from the database. I must renew the form if I want the information kept in the Police and Fire database.

I understand and agree to these terms:

**Signature
Signed**

Print Name

Date

Village of Schaumburg

Special Needs Person Information:

New **Update** **Renewal**

Name

Employer

Home Address

Work Address

City State ZIP

City State ZIP

Home Phone

Cell Phone

Work Phone

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 Service personnel should be aware of:

Information Provider / Contact Persons

This information is being provided by:

Or: The Individual named above:

Name

Relationship to the Special Needs Person

Address

City State ZIP

Home Phone

Alternate Phone