



CAMPTON HILLS POLICE 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 Individual.

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 with the Campton Hills Police Department.

Please return the completed form to:

Campton Hills Police Department
40W270 LaFox Road, Suite B
Campton Hills, IL 60175-7624

The data is provided by the Special Needs individual or other person, in order to provide responding Police, Fire or EMS personnel information to better serve the Special Needs individual with emergency services. The information will be entered into a database maintained by the Campton Hills Police Department and may be shared with other Police, Fire, EMS or Emergency Dispatch agencies as needed, to better provide emergency services to the Special Needs individual.

It shall be understood that the information provided will not result in any type of preferential treatment to the Special Needs individual. The Village of Campton Hills, its Police Department, or any other responding agency will not be held liable for duties to the reporting Special Needs individual.

The reporting individual shall understand that if any of the submitted information changes, they shall notify the Campton Hills Police Department by filing an amended request form. The information will expire 2 (two) years from the date information is received by the Police Department. The information regarding the Special Needs individual may be renewed after the two (2) year expiration date by submitting a new form with the Campton Hills Police Department.

I understand and agree to these terms:

Signature	Printed Name	Date Signed
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Police and Fire Use Only

Received by Campton Hills PD:

Date: _____ By: _____ ID# _____

Forwarded to Kane Comm:

Date: _____ By: _____ ID# _____

Received by Kane Comm:

Date: _____ By: _____ ID# _____

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) _____

_____ M F _____

Date of Birth _____ 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 _____

Home Address _____ City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

_____ Signature