



PREMISE ALERT PROGRAM NOTIFICATION FORM

ALTON FIRE DEPARTMENT

333 E. 20th Street Alton IL 62002

Telephone: (618) 463-3565

Fax: (618) 463-3539

E-mail: firechief@cityofaltonil.gov

Website: www.cityofaltonil.gov

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 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 by Fax to 618-463-3539 or mail to:

Alton Fire Department
333 E. 20th St.
Alton, IL 62002

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 City of Alton, 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 Alton Fire Department by filing an amended request form. The information will self-expire 2 (two) years from the date received by the Fire 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

Print Name

Date

Special Needs Person Information:			O New	O Update	O Renewal
_____ Name			_____ Employer		
_____ Home Address			_____ Work Address		
_____ City	_____ State	_____ ZIP	_____ City	_____ State	_____ ZIP
_____ Home Phone	_____ Cell Phone		_____ Work Phone		
_____ Date of Birth	M	F	_____ Height	_____ Weight	_____ Eyes
	Sex				_____ 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:	

Emergency Contact Person(s)	
_____ Name	_____ Relationship to the Special Needs Person
_____ Address	_____ City State ZIP
_____ Home Phone	_____ Alternate Phone