



Village of Flossmoor Premise Alert Program

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 data base. The information can then be provided to responders dealing with situations involving the Special Needs individual.

The information below, 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 two (2) years after the date it was submitted. You may update or renew at any time by filling in the form.

Please return the completed form to: Flossmoor Fire Department
2828 Flossmoor Road
Flossmoor, IL 60422

The data is provided by the individual or other person in order to provide responding Police, Fire, or EMS personnel with information to provide emergency services. The information will be entered into databases maintained by E-COM Dispatch Center, any may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

The individual must understand that the information provided here will not result in any type of preferential treatment to the individual and that the Village, 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 above information changes, I must notify the Village by filing an amended request form. The information will self expire two (2) years from the date received, and I must renew the form if I want the information kept in the databases.

I understand and agree to these terms:

Signature

Printed Name

Date Signed

Illinois Premise Alert Program Enrollment Form

Village of Flossmoor

Please Print Legibly New Update Renewal Remove Date: _____

Special Needs Person Information:

_____	_____
Name	Employed By
_____	_____
Home Address	Work Address
_____	_____
City, State	City, State
_____	_____
Home Phone Cell Phone	Work phone
_____ _____	_____
Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Special Needs Information:

Please advise what type of precautions Emergency Services personnel should be aware of:

Information Provider/Contact Person:

This information is being provided by: _____

Name _____

Address _____

Home Phone _____

Or The individual named above

Relationship _____

City, State, Zip _____

Alternate Phone _____

Date Received _____