

HEBRON-ALDEN-GREENWOOD FIRE PROTECTION DISTRICT

12302 RT. 173, P.O. BOX 345, HEBRON, ILLINOIS 60034-0345
NON-EMERGENCY: 815-648-2218 Fax: 815-648-1715

Chief Scott Mullis

Deputy Chief Laufer

Deputy Chief McFarlin

Illinois Pemise Alert Program (PAP) Enrollment 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 Special Needs Individuals.

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 two years after the date it was submitted. You may update or renew it at any time by completing this form.

New Change Information Renewal Remove

Individuals Information

Name: _____ Date of Birth: _____

Residential Address: _____

City : _____ State : _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Is there a Knox Box at the Residence ? Yes No If no, would you be interested in obtaining one ?

Place of Employment : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Educational Facilities: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs:

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those individuals with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. This information will be kept confidential for a period not to exceed two (2) years. A notification, whether public or private, will be made prior to that 2 year deadline. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Hebron-Alden-Greenwood FPD in writing of any changes to this information as soon as those changes are known. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual and their needs. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Hebron-Alden-Greenwood FPD to enter this information into the Premise Alert Program (PAP) database.

Name (Printed): _____ Relationship: _____

Signature: _____

Date: _____

Please return the completed form to the Hebron - Alden - Greenwood FPD