



## PREMISE ALERT PROGRAM NOTIFICATION FORM

### ALTON FIRE DEPARTMENT

333 E. 20<sup>th</sup> Street Alton IL 62002

Telephone: (618) 463-3565

Fax: (618) 463-3539

E-mail: [firechief@cityofaltonil.com](mailto:firechief@cityofaltonil.com)

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

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:

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Signature

Print Name

Date



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Special Needs Person Information:			<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> 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:

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

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Emergency Contact Person(s)

Name	Relationship to the Special Needs Person
Address	City          State          ZIP
Home Phone	Alternate Phone