

# DARIEN 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 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.

A Special Needs person, per definition of the Public Act, are "individuals who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by individuals generally."

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.

Please return completed form to:

Darien Police Department  
Diane Daly, Dispatch Supervisor  
1710 Plainfield Road  
Darien, IL 60561

The data is provided by the individual or other person in order to provide responding Police, Fire or EMS personnel information to provide emergency services. The information will be entered into databases 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 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 Darien, 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 Darien Police Department by filing an amended request form. The information will expire 2 (two) years from the date received by the Police Department and I must renew the form if I want the information kept in the Police and Fire databases.

I understand and agree to these terms:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date Signed**

**Police & Fire Use Only:**

Date Received by PD: \_\_\_\_\_

Date Entered into PD CAD \_\_\_\_\_

Date Forwarded to FD \_\_\_\_\_

Date Entered into FD CAD \_\_\_\_\_

Entered by: \_\_\_\_\_ ID# \_\_\_\_\_

Entered 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 ( )M ( )F	Work Phone                      Other Phone (Type)
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
Address	City                      State                      Zip
Home Phone	Alternate Phone