

Geneseo 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.

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 the completed for to:

**Geneseo Police Department
Records Section
119 S. Oakwood Ave.
Geneseo, IL 61254**

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 Geneseo, its police department, the Geneseo Fire Protection District, 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 Geneseo Police Department by filing an amended request form. The information will self 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 Sheriff's Departments Databases.

I understand and agree to these terms:

Signature

Print Name

Date Signed

Police & 9-1-1 Use Only:

Date received by PD: _____

Date entered into PD CAD: _____ Entered by: _____ ID# _____

Date forwarded to Henry Co: _____

Date entered into HECO CAD: _____ Entered by: _____ ID# _____

Date forwarded to other PD: _____

Date entered by other PD CAD: _____ Entered by: _____ ID# _____

Please Type of Print

Special Needs Person Information:		<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Renewal	
_____ Name		_____ Employed by			
_____ Home Address		_____ Work Address			
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Cell Phone	_____ Work Phone	_____ Other Phone (type)		
_____ Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Height	_____ Weight	_____ Hair Color	_____ Eye Color

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 _____ _____ _____
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Information Provider / Contact Persons			
This information is being provided by:	<input type="checkbox"/> The individual named above		
OR:			
_____ Name	_____ Relationship to the Special Needs Person		
_____ Home Address	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Cell Phone	_____ Other Phone (type)	