



Lakemoor Police Department
Premise Alert Program Notification Form

Please Print Legibly



Type of Request: (check box)

New

Change/Remove Information

Renewal

Special Needs Person Information: Name: _____

Birth Date: _____ Gender: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Home Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Educational Facility: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please advise the nature of special needs for this individual above:

Please advise what type of precautions that emergency personnel should be aware of:

Emergency Contact: Name: _____ Relationship: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

I Understand:

- By completing and submitting this form, I hereby verify the above person has a physical or mental impairment requiring the above listed special needs and I hereby give permission to Lakemoor Police Department to enter this information into the secured Premise Alert Program (PAP) database. This information will be provided to first responders prior to arrival to the scene.

-This information remains confidential and used only by public safety personnel; and confirms to the Illinois Public Act 96-0788.

-By furnishing this information, it does not result in preferential services or create a special duty on the part of the Lakemoor Police Department toward anyone associated with the listed person or the person themselves.

-This information is kept for two (2) years and if any of the above information changes, I am responsible for notifying the Lakemoor Police Department by filing an amended form.

-This information automatically expires in two (2) years from the date it is received by the Lakemoor Police Department, and I must renew the form prior to the expiration for the information to remain in the database.

-By signing and submitting this form, I certify I have read and understand this form in its entirety, and I hereby give my permission for the information above to be released to emergency personnel.

Form Completer Information: Print Name: _____ Relationship: _____

Signature: _____ Date: _____

LAKEMOOR POLICE USE ONLY:	Date Received:	Expiration Date:
Dispatch Center:	Date Sent to Dispatch:	Date Confirmed in PAP: