



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 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 (2) years after the date it was submitted. You may update or renew it at any time by filing a form.

Please return the completed form to:

Winnebago County 911 Center 4511 N Main Road Rockford, II 61103

The data is provided by the individual or other person to provide responding police, fire and EMS personnel information to provide emergency services. The information will be entered into databases maintained by the Winnebago County 911 Center and may be shared with other police, fire and EMS agencies as need 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 Winnebago County Sheriff's Department or 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 information changes I must notify the Winnebago County 911 Center to file an amended form. The information will expire two (2) years from the date received and the form must be renewed if the individual wants the information kept in the Police databases.

I understand and agree to these terms:

Signature Print name Date



Winnebago County Sheriff's Department Premise Alert Program Form

Special Needs Person Information:		New	Update	Rei	newal
Name	-	Employed by			
Home Address	-	Work Address			
City State Zip	-	City	State		Zip
Home Phone Cell Phone	-	Work Phon	e		_
Date of Birth Sex		Height	Weight	Hair	Eyes
Special Needs Information: Please lis	t nat	ture of Specie	al Noods for t	this Individ	lual:
opecial Needs information. Flease is	liiai	ture or opecin	ai Neeus ioi i	ins marvio	iuai.
Please list the type of precautions Emer	rgen	cy Services I	Personnel sh	ould be av	vare of:
Information Provider/Contact Person					
This information is being provided by:		The individual named above			⁄e
	OR:				
Name		Relationship to the special needs person			
Address		City	State	:	 Zip
Home Phone		Alternate Pho			