

# ELK GROVE VILLAGE FIRE DEPARTMENT

901 WELLINGTON AVENUE, ELK GROVE VILLAGE, IL 60007

Fax Number: 847-734-8024



## ILLINOIS PREMISE ALERT PROGRAM ENROLLMENT FORM

New Request     Update Information     Renewal     Cancellation

<u>Name</u>		<u>Date of Birth</u>
<u>Street Address / City / State / Zip Code</u>		
<u>Home Phone</u>	<u>Cell Phone</u>	

<u>Employer or Educational Facility (if applicable)</u>	<u>Phone</u>
<u>Street Address / City / State / Zip Code</u>	

<u>Nature of Special Needs and/or access information</u>
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I understand that the information provided is to be given to responding Police, Fire or EMS personnel information to assist them in providing emergency services to the individual with special needs. The information provided on this form will be entered into a database and details of the special needs person will be associated with the address. This information will be relayed to fire, police, or EMS personnel responding to the given address, and may be shared with other responding agencies. I also understand that the information provided will not result in any type of preferential treatment, and the Village of Elk Grove Fire and Police Departments will not be held liable for duties relating to the reporting of special needs individuals. The information provided on this form will be kept on file for a period of two (2) years, after which time enrollment in the Premise Alert Program (PAP) will need to be renewed. If any of the information provided changes before the renewal period, it is my responsibility to submit an amended form.

<u>Submitted by</u>	<u>Relationship</u>	<u>Phone</u>	<u>Date</u>
<u>Street Address / City / State / Zip Code</u>			

This form may be mailed to the address above or emailed to: [FireDepartment@elkgrove.org](mailto:FireDepartment@elkgrove.org).