Lake Consolidated Emergency Communications

PREMISE ALERT PROGRAM REGISTRATION

Please use this form to provide information to be entered pursuant to the Illinois Premise Alert Program Act (430 ILCS 132) into the computer-aided dispatch database for public safety agencies served by Lake Consolidated Emergency Communications (LakeComm). This information will be available to all emergency responders served by LakeComm through the Computer Aided Dispatch System.

☐ New ☐ Modify ☐ Renew ☐ Remove

Name: _____ Date of Birth: _____

Residential Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Other: _____

Place of Employment (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Facility (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Special Needs: _____

_____

_____

Emergency Contact Name: _____ Phone Number: _____

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. **This entry will expire two (2) years from the date of entry into the system and must be renewed by the undersigned to remain active after that time period. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify LakeComm by filing an amended request form of any changes to this information as soon as those changes are known.** The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to LakeComm to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

Please return completed form via email at Premise.Alerts@lakecomm911.org