



MARENGO FIRE & RESCUE DISTRICTS

Chief Robert S. Bradbury

Illinois Premise Alert Program (PAP) Enrollment 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 two years after the date it was submitted. You may update or renew it at any time by refileing this form.

New

Change Information

Renewal

Individuals Information:

Name: _____ Date of Birth: _____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell: _____

Is there a Knox Box at the Residence? Yes No If no, would you be interested in obtaining one? Yes No

Place of Employment: (if applicable)

Address: _____

City: _____ State: _____ Zip Code: _____

Educational Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs; _____

Emergency Contacts;

1. Name _____ Home/work/cell# _____

2. Name _____ Home/work/cell# _____

I understand that 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 information will be kept on file for a period of two years. A notification, whether public or private, will be made prior to that two year deadline. 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 the Marengo Fire Protection District in writing 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 the Marengo Fire Protection District to enter this information into the Premise Alert Program (PAP) by the McHenry County Emergency Telephone System Board.

***Please return completed form to the Marengo Fire Protection District Station 1 at 120 E. Prairie St. Marengo, IL.**

Signed: _____ Date _____ Relationship _____

"Preserving the past and protecting the future"