



# LAKEWOOD POLICE DEPARTMENT

## 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 Individual.

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 2 (two) years after the date it was submitted. You may update or renew it at any time by filing the form with the Lakewood Police Department.

Please return the completed form to:

Lakewood Police Department  
2500 Lake Avenue  
Village of Lakewood, IL 60014

The data is provided by the Special Needs individual or other person, in order to provide responding Police, Fire or EMS personnel information to better serve the Special Needs individual with emergency services. The information will be entered into a database maintained by the Lakewood Police Department and may be shared with other Police, Fire, EMS or Emergency Dispatch agencies as needed, to better provide emergency services to the Special Needs individual.

It shall be understood that the information provided will not result in any type of preferential treatment to the Special Needs individual. The Village of Lakewood, its Police Department, or any other responding agency will not be held liable for duties to the reporting Special Needs individual.

The reporting individual shall understand that if any of the submitted information changes, they shall notify the Lakewood Police Department by filing an amended request form. The information will expire 2 (two) years from the date information is received by the Police Department. The information regarding the Special Needs individual may be renewed after the 2 (two) year expiration date by submitting a new form with the Lakewood Police Department.

I understand and agree to these terms:

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Signature Printed Name Date Signed

<b>Police and Fire Use Only</b>		
<b>Received by Lakewood Police Department:</b>		
Date: _____	By: _____	ID# _____
<b>Forwarded to MCEtsb:</b>		
Date: _____	By: _____	ID# _____
<b>Received by MCEtsb:</b>		
Date: _____	By: _____	ID# _____

Special Needs Person Information:

New

Update

Renewal

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Other Phone (type)

\_\_\_\_\_  
Date of Birth

M  F  
Sex

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Eyes

\_\_\_\_\_  
Hair

Special Needs Information:

Please advise nature of Special Needs for this individual.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please advise what type of precautions Emergency Services personnel should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information Provider / Contact Persons**

This information is being provide by:

The individual named above

Or

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to the Special Needs Person

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Signature