



Winnetka Police Department Winnetka Fire 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 voluntarily 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 other emergency response personnel with the information needed to deal with situations or emergencies involving a Special Needs person. Special Needs persons could be those who are deaf or blind, have mobility issues, conditions such as autism or any other situation that could complicate provision of services from First Responders.

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. Please return the completed form and photos of the individual to:

**Winnetka Police Department, Records Section
410 Green Bay Road, Winnetka, IL 60093**

The data is provided by the individual or authorized person in order to provide responding Police, Fire or EMS personnel information to provide emergency services. The information will be entered into databases maintained by the Police and Fire Departments and may be shared with other police, fire or EMS agencies as needed 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 Village of Winnetka, its police and fire departments nor 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 of the above information changes I must notify the Winnetka Police Department by filing an amended request form. The information will self expire 2 (two) years from the date received by the Police Department and I must renew the form if I want the information kept in the Police and Fire Databases. I can have the information and photographs removed upon written request.

I understand and agree to these terms:

Signature	Print Name	Date Signed
-----------	------------	-------------

Police & Fire Use Only:		
Date received by PD:	_____	
Date entered into PD CAD	_____	Entered by: _____ ID # _____
Date forwarded to FD	_____	
Date entered into FD CAD	_____	Entered by: _____ ID # _____

Personal information:		<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Renewal
_____ Name of Special Needs person		_____ Employed by:		
_____ Home Address		_____ Work Address:		
_____ City	_____ State	_____ ZIP	_____ City	_____ State
_____ Home Phone	_____ Cell Phone	_____ Work Phone	_____ Other Phone	
_____ Date of Birth	() M () F Sex	_____ Height	_____ Weight	_____ Eye Color
_____ Physical identifiers (Tattoos, scars etc.)		_____ Hair		
_____ Physical identifiers (Tattoos, scars etc.)		Please provide photographs as appropriate		

Special Needs Information: Please advise nature of Special Needs for this individual:
(Please include nature of needs or disability, such as Autism, deaf, blind, needs supplied oxygen, etc.)

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

Information Provider / Contact persons

This information is being provided by: () The individual named above
Or:

_____ Name	_____ Relationship to the Special Needs Person
_____ Address	_____ City
	_____ State
	_____ ZIP
_____ Home Phone	_____ Alternate Phone