



VILLAGE OF GLENCOE

FORMS & APPLICATIONS

675 Village Court, Glencoe, Illinois 60022
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www.villageofglencoe.org

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 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 (2) years after the date it was submitted. Information must be updated every two years, or whenever the information changes.

Please e-mail, mail, fax or deliver the completed form with any supporting material to:

Public Safety Department
Village of Glencoe
675 Village Court
Glencoe, Illinois 60022
Phone: (847) 835-4112 | Fax: (847) 835-8438 | E-mail: publicsafety@villageofglencoe.org

The data is provided by the individual or other responsible person in order to provide emergency services. The information will be entered into databases maintained by the Public Safety Department and may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

The individual must understand that the information provided here will not result in any type of preferential treatment to the individual. Furthermore, the Village of Glencoe, its public safety department and 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 information below changes, I must notify the Glencoe Public Safety Department by filing and amended request form. The information will self-expire two (2) years from the date received by the public safety department and I must renew the form if I want the information kept in the public safety databases.

I understand and agree to these terms.

Signature: _____ Print Name: _____ Date Signed: _____

Public Safety Use Only:			
Date received by PS:	_____	Photos received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date entered into PS CAD:	_____	Entered by:	_____ Badge # _____

Please provide a DATED photograph of the special needs person

Special Needs Person Information

New Renewal Updated Information Remove Information

Name: _____ Date of Birth: _____

Gender: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Residential Address: _____

Home Phone: _____ Cell Phone: _____

Employer/School: _____

Work/School Address: _____

Work Phone: _____ Other Phone: _____

Special Needs / Disability Information

Please advise the nature of the special needs or disability for this individual below:

Please advise what type of precautions emergency service personnel should be aware of:

Information Provider / Contact Person

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

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contacts (Please provide the person's doctor, if appropriate)

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

4. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____