

Huntley Police Department

10911 E. Main Street
Huntley, IL 60142
(847) 515-5311 (non-emergency)
(847) 515-5370 (fax)



Illinois Premise Alert Program (PAP) Enrollment Form

New

Change Information

Remove

| | |
|----------------------------|-------------------------|
| Name: _____ | Date of Birth: _____ |
| Residential Address: _____ | Apt # _____ |
| City: _____ | State: _____ Zip: _____ |
| Home Phone: _____ | Cell Phone: _____ |

| |
|---|
| Place of Employment: (if applicable) _____ |
| Address: _____ City: _____ |
| State: _____ Zip: _____ Phone: _____ |

| |
|--|
| Educational Facility: (if applicable) _____ |
| Address: _____ City: _____ |
| State: _____ Zip: _____ Phone: _____ |

Special Needs / Disabilities / Additional Information:

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 information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2-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 Public Safety Agency 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 Public Safety Agency to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship _____

Signed: _____ Date: _____

Huntley Police

Check here if you do not want to participate

MISSING PERSON AUTHORIZATION FORM RELEASE OF INFORMATION

The undersigned hereby authorizes the full disclosure of all relevant records regarding the missing person, _____, to the Village of Huntley Police Department ("HPD") and its agents and the law enforcement agencies investigating this case and their agents. I also agree that such information may be reviewed and stored provided it is done so in a confidential manner and I do so regardless of any agreement I may have made to the contrary with any other individual or entity to whom the missing person's information is released or presented. I also agree to release from liability any person or entity who releases such information pursuant to this investigation. For the purpose of this release, information shall include but is not limited to all documentation and photographic images as well as the spoken word.

A photocopy or electronically transmitted facsimile of the release form will be valid as an original thereof, even though it does not bear an original representation of my signature.

I hereby agree the information I have provided to the HPD or its agents or designees to be truthful, factual, and correct. I also agree to, and understand the necessity for and give authority to the HPD, its agents, or designees to release information to the Illinois Broadcasters Association and/or its associates, to other commercial partners, and to essential State agencies and subsidiaries for alerting the public about the missing person.

As parent/legal custodian or person responsible for the supervision of the missing individual, I also understand that in order for the HPD to activate a missing person alert, one of the following criteria must be met:

- The person is believed to be suffering from dementia or other cognitive impairment;
- The person is believed to be missing regardless of circumstance;
- The person's status as missing has been reported to a law enforcement agency having jurisdiction of the area in which the individual became or is believed to have become missing;
- Submission of the missing person's report is made by any parent, spouse, guardian, legal custodian, or person responsible for the supervision of the missing individual.

Specific health information about the missing person, beyond the fact that the missing person is believed to be suffering from dementia or some other cognitive impairment, is not made public.

I am aware I may face criminal and/or civil penalties for providing false information to the HPD or any other law enforcement authority.

I hereby release the Village of Huntley, the Village of Huntley Police Department and any officer, agent or employee affiliated with either and any other person or entity who releases information pursuant to any investigation initiated under hereunder from liability from any claim and I expressly acknowledge that the release of information hereunder outweighs any claim or contention that the released information is confidential or not subject to disclosure.

I hereby agree to these provisions and willingly sign my name below.

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____

Emergency Contact Information:

Person: _____ Address: _____ Phone Number: _____