



City of Crystal Lake
Premise Alert Program
Enrollment Form



Please use this form to provide information to be entered pursuant to the Illinois Premise Alert Program Act (430 ILCS 132) into the computer aided dispatch database for public safety agencies served by the McHenry County Emergency Telephone System Board. The information will be available to all emergency responders served by the E911 computer aided dispatch system.

Please Print Legibly

- New Change Information Renew Remove Information

Name

Employer / Educational Facility (if applicable)

Home Address

Work / Educational Facility Address

City State ZIP

City State ZIP

Home Phone

Cell Phone

Work Phone

Date of Birth

() M () F
Sex

Height

Weight

Eyes

Hair

Special Needs / Disabilities / Additional Information:

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

Are oxygen canisters kept at this location?

Yes

No

Primary Emergency Contact Person

Name

Relationship

Address

City State ZIP

Home Phone

Cell Phone

Work Phone



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Emergency Contact

Name Relationship

Address City State ZIP

Home Phone Cell Phone Work Phone

Emergency Contact

Name Relationship

Address City State ZIP

Home Phone Cell Phone Work Phone

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 or result in any form of preferential treatment. This information will self expire 2 (two) years from the date received by the Fire Rescue Department and I must renew the form if I want the information kept in the Premise Alert Program (PAP) database. It shall be the responsibility of the undersigned to notify the Crystal Lake Fire Rescue Department by filing an amended request form 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 McHenry County Emergency Telephone System Board to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____