

**MCHENRY COUNTY SHERIFF'S OFFICE
PREMISE ALERT PROGRAM NOTIFICATION FORM**

(Please Print Legibly)

Type of Request: (Circle one) New Change Information Remove Information Renewal

Special Needs Person Information: Name: _____

Birth Date _____ Male ____ Female ____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Place of Employment: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Educational Facility: (if applicable) _____ Phone: _____

Address: _____ City: _____ State _____ Zip Code: _____

Please advise the nature of Special Needs for this individual:

Please advise what type of precautions (if any) that Emergency Services Personnel should be aware of:

Emergency Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

I understand:

- ◆ By completing and submitting this form I hereby verify the above person has a physical or mental impairment requiring the above listed special needs and I hereby give permission to the McHenry County Sheriff's Office to enter this information into the secured Premise Alert Program (PAP) database. This information will be provided to first responders prior to their arrival at the scene.
- ◆ This information remains confidential and used only by public safety personnel; and conforms to the Illinois Public Act 96-0788.
- ◆ By furnishing this information it does not result in preferential service or create a special duty on the part of the McHenry County Sheriff's Office toward anyone associated with the listed person or the person themselves.
- ◆ This information is kept on file for two (2) years and if any of the above information changes, I am responsible for notifying the McHenry County Sheriff's Office by filing an amended request form.
- ◆ This information automatically expires in two (2) years from the date it is received by the McHenry County Sheriff's Office and that I must renew the form prior to expiration if I want the information to remain in the database.
- ◆ By signing and submitting this form, I certify I have read and understand this form in its entirety, and I hereby give my permission form my name and phone number to be released to the emergency and law enforcement agencies of McHenry County.
I understand this information will remain confidential and be used only by police, fire, EMS and 9-1-1 personnel.

Provider Information: Print Name: _____ Relationship _____

Signed: _____ Date: _____

MCSO USE ONLY: DATE RECEIVED:	DATE FORWARDED TO E911:
DATE CONFIRMED IN PAP DATABASE:	EXPIRATION DATE: