

IROQUOIS COUNTY 911 PREMISE ALERT PROGRAM NOTIFICATION

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 2 (two) years after the date it was submitted. You may update or renew it at any time by filing the Premise Alert Program Form.

Please return the completed form to: ICOM

Premise Alert Program Attn: Nita Dubble 1001 East Grant Street Watseka, IL. 60970

The data is provided by the individual or other person in order to give responding Police, Fire, and/or EMS personnel additional information when providing emergency services. This information will be disseminated to the emergency responders in a variety of communications technologies; this will include but not be limited to the following: Radio communications, computer technologies, telephone technology, and any other communication technologies as utilized.

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that ICOM (Iroquois County Communications), Police and Fire agencies in Iroquois County or any other responding agencies will not be held liable for duties relating to the reporting of Special Needs individuals.

Should any information change, the individual must notify ICOM by filing an amended Premise Alert Program Request Form. The information will self-expire 2 (two) years from the date received by ICOM and must be renewed at that time by the individual if the information is to be kept in ICOM's databases.



IROQUOIS COUNTY PREMISE ALERT PROGRAM NOTIFICATION FORM

	Special Need □ New □		formation Renewal	n:	
Name :	Employed by:				
Home Address:		Work Address:			
City	State ZIP	City		State	ZIP
Home Phone:	Cell Phone:	Work Phone:		Other Phone:	
Date of Birth:	$oxed{egin{array}{cccccccccccccccccccccccccccccccccccc$	Height:	Weight:	Eyes:	Hair:
	Special Nee	ds Informat	ion:		
Chronic Medical Con	-				
1.)					
2.)					
3.)					
Chronic Psychologica					
1.)	-				
,	at Emergency Services Person		 are of:		
			<u> </u>		
,————					
2.)					
Where should respon	nders look for a list of condition	ns and medication	ns (this list m	ust be kept c	urrent):
	T.O. (1. T. 1.1				
	Information Provide	er / Contact	Persons:	•	
	This information is	s being provide	ed by:		
Name		Relationship to Special Needs Person			
Address		City		State	ZIP
Home Phone	Cell Phone				