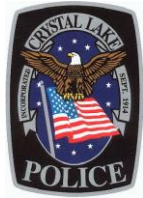




City of Crystal Lake
Premise Alert Program
Application Form



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 emergency responders served by the E911 computer aided dispatch system.

New

Renew

Name

Employer (if applicable)

Home Address

Work Address (if applicable)

City State ZIP

City State ZIP

Home Phone

Cell Phone

Work Phone

Email

Date of Birth

Male Female
Sex

Height

Weight

Eyes

Hair

Special Needs / Disabilities / Additional information / Precautions Emergency Services personnel should be aware of:

Is there oxygen in use at this premise? No Yes
If yes, please describe below. (Size, quantity and location of tanks)

Is there a KNOX/lock box at this premise? No Yes
If yes, please provide Location of box: _____ Entry Code: _____

Information Provider / Contact Person

Name

Relationship

Address

City State ZIP

Home Phone

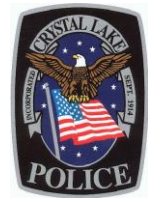
Cell Phone

Work Phone

Email



City of Crystal Lake
Premise Alert Program
Application Form



Contact person

_____		_____	
Name		Relationship	
_____		_____	
Address		City State ZIP	
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	Email

Contact person

_____		_____	
Name		Relationship	
_____		_____	
Address		City State ZIP	
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	Email

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 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 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 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: _____

Signature: _____ Date: _____

Email: _____