

ELK GROVE VILLAGE FIRE DEPARTMENT

901 WELLINGTON AVENUE
ELK GROVE VILLAGE, IL 60007
FAX: (847) 734-8024



ILLINOIS PREMISE ALERT PROGRAM ENROLLMENT FORM

New Request Update Information Renewal Cancellation

Name		Date of Birth	
Street Address	City	State	Zip Code
Home Phone	Cell Phone		

Employer or Educational Facility (if applicable)		Phone	
Street Address	City	State	Zip Code

Nature of Special Needs

I understand that the information provided is to be given to responding Police, Fire or EMS personnel to assist them in providing emergency services to the individual with special needs. The information provided on this form will be entered into a database and details of the special needs person will be associated with the address. This information will be relayed to fire, police, or EMS personnel responding to the given address, and may be shared with other responding agencies. I also understand that the information provided will not result in any type of preferential treatment, and the Elk Grove Village Fire and Police Departments will not be held liable for duties relating to the reporting of special needs individuals. The information provided on this form will be kept on file for a period of two (2) years, after which time enrollment in the Premise Alert Program (PAP) will need to be renewed. If any of the information provided changes before the renewal period, it is my responsibility to submit an amended form.

Submitted by	Relationship	Phone	Date
Street Address	City	State	Zip Code

This form may be submitted electronically, faxed or mailed.

Revised 5/27/2014