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**

_____ ☐ M ☐ F _____ _____ _____ _____
Date of Birth **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**

Please return completed form to: Crystal Lake Fire Rescue Department
100 W. Woodstock St. / Crystal Lake, IL 60014

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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 Police 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 Police 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: _____

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