



**Illinois Premise Alert Program Enrollment Form**  
**Northbrook Police and Fire Departments**  
 Village and Rural Residents



The Illinois Premise Alert Program (PAP) is a useful tool for both Police and Fire responders and dispatch centers to be aware of special information or instructions regarding persons with special needs or disabilities that require immediate attention when calls for service are requested to a location. This form is a guideline to assist in the accurate entry and record keeping of Premise Alert Program notes requested to be put into the EnRoute CAD database. Note entry is considered confidential as cited in Section 25 of Public Act 096-0788.

*Please Print Legibly*       New       Change Information       Remove Information

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home/Cell/Work Phone #s:** \_\_\_\_\_

**Place of Employment/Educational Facility (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Photograph Attached (Highly recommended):** YES ( ) or NO ( ) \*Photos will not be returned\*

**Primary Physician Name:** \_\_\_\_\_ **Physician Phone #:** \_\_\_\_\_

**Emergency Contact Information:**

Name:	Address:	Home #	Cell #	Work #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Identifying Information (nickname, distinguishing features, etc):**

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**Medical Condition/Diagnosis:**

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**Special Considerations:**

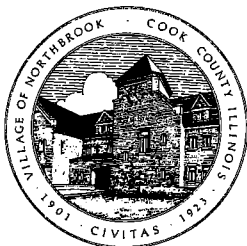
**Photo(s):**

This information will be kept on file for a period not to exceed two (2) years. I also understand that if any of the above information changes I must notify the Northbrook Police Department by filing an amended request form. The information will self expire 2 (two) years from the date received by the Police/Fire Department and I must renew the form if I want the information kept in the Police and Fire Department Databases.

By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Village of Northbrook to enter this information into the Premise Alert Program (PAP) database. I, the undersigned, for myself and the registrant named above do hereby authorize the Northbrook Police/Fire Department to release the aforementioned information in response to emergency calls (including missing person incidents) regarding the registrant and do further agree to indemnify and hold harmless the Northbrook Police/Fire Department and person(s) associated with it.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



*Please return completed form to:*  
**Northbrook Police Department**  
1401 Landwehr Road  
Northbrook, IL 60062  
Phone: (847) 564-2060  
Fax: (847) 564-8390

Received by Northbrook Police Department  
\_\_\_\_\_  
DATE  
  
Received by Northbrook Fire Department  
\_\_\_\_\_  
DATE