



# Cary Police Department

654 Village Hall Drive

Cary, Illinois 60013

847-639-2341

Fax: 847-639-2735

## Premise Alert Program-Registration

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 (ETSB). This information will be available to all emergency responders served by the MCETSB E911 Computer Aided Dispatch System.

New       Change Information       Renew Information       Remove Information

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

Residential address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Place of employment: (if applicable) \_\_\_\_\_

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

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

Educational Facility: (if applicable) \_\_\_\_\_

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

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

Special Needs: \_\_\_\_\_

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 to or result in any form of preferential treatment. **This entry will expire two (2) years from the date of entry into the system, and must be renewed by the undersigned to remain active after that time period. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Cary 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: \_\_\_\_\_

Please return completed form to the Cary Police Department, 654 Village Hall Drive, Cary, IL 60013 or fax to 847-639-2735