



ELGIN POLICE DEPARTMENT

Illinois Premise Alert Program

Enrollment Form



This form may be submitted to Alarms Coordinator Terri Moore in any of the following ways: electronically using the submit button located near the bottom of the form, via fax (847) 289-2750 or via mail 151 Douglas Avenue, Elgin, IL 60120.

New Individual

Update Information

Cancel Service

Individual Name _____

Date of Birth _____

Address (city/state/zip) _____

Home Phone _____

Work Phone _____

Cell Phone _____

Educational or Work Facility, if applicable _____

Address (city/state/zip) _____

Oxygen tanks are used in the home

Yes No

Location of oxygen tanks

Using the space provided below, list the individual's special needs

I understand the information provided above is intended to offer guidance and information 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 be updated every two (2) years. A notification, whether public or private, will be made prior to that 2 year deadline. It shall be the responsibility of the undersigned to notify the Elgin Police Department, in writing, 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 phone, computer, or any means available. The undersigned hereby verifies the above listed person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and 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 professional familiar with the individual. By signing, I certify that I have read and understand this form in its entirety and hereby give permission to the Elgin Police Department to enter this information into the Premise Alert Program (PAP) database.

Submitter's Name _____

Relationship _____

Submitter's Address (city/state/zip) _____

Email _____

Preferred means of contact Email Mail Service

EPD Office Use Only

Employee initial _____

Date entered _____