



Libertyville Police Department Illinois Premise Alert Program Enrollment Form

Please Print Legibly

New

Change Information

Remove Information

Name: _____ Date of Birth: _____

Residential address: _____ Apt. # _____

Home Phone: _____ Work / Cell Phone _____

Identifiers / Gender: _____ Race: _____ HT: _____ WT: _____ Hair: _____ Eye: _____ Photo: Y / N

Oxygen tanks located in residence

Place of employment: _____

Address: _____

Educational Facility: (if applicable) _____

Address: _____

Special Needs (Please describe): _____

Please list any medications: _____

Please list any particulars unique to the individual (sensitivity to light or touch, non-verbal, subject to seizures, violence, hiding, fighting, etc.): _____

Please list any "triggers" or actions which might escalate a confrontation with this individual. If any, please list compliance techniques or suggestions: _____

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. This information will be kept on file for a period not to exceed two (2) years. A notification, whether public or private, will be made prior to that 2 year deadline. 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 Libertyville 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.

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 Libertyville Police Department to enter this information into the Premise Alert Program (PAP) database.

Requestor Information

Print Name: _____ Relationship: _____

Address: _____ Cell: _____

Signed: _____ Date: _____

Received by: _____ Date Entered: _____