



Public Safety Dispatch Center

Premise Alert Program Notification Form



The Illinois Premise Alert Program (Public Act 96-0788) provides for Public Safety Agencies in the State of Illinois to allow people with disabilities, special needs, or both to provide information to police, fire and EMS personnel to be kept in a database. The information provided can be used to offer guidance and assistance to public safety workers in responding to and assisting those persons with disabilities or special needs. Families, caregivers, or the person with a disability or special needs may provide this information.

The below information provided by you will be kept confidential and used only to provide Police, Fire and EMS personnel with the information needed to deal with situations or emergencies involving a Special Needs person.

The notification expires 2 (two) years after the date it was submitted. Information must be updated every two years, or whenever the information changes. You may update or renew it at any time by re-filing the form with the Glenview Public Safety Dispatch Center.

Please return the completed form to:

Glenview Public Safety Dispatch Center
2500 East Lake Ave
Glenview, IL 60026

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Communities as
9-1-ONE | **GPSDC**

The data is provided by the individual or other person in order to provide responding Police, Fire and EMS personnel additional information to use while performing their duties. The information will be entered into databases maintained by the Police and Fire Departments and may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

By signing below, I am representing that I am authorized to provide this information, and I am giving permission for this information to be entered into databases for use by the Police and Fire Department, and other emergency services agencies as needed. I understand that the information provided will not result in any type of preferential treatment for anyone, and that neither the Village of Glenview, its Police and Fire Departments, nor any other emergency services agencies can be held liable for duties relating to reporting this information.

I also understand that if any of the information changes I am responsible for notifying the Glenview Public Safety Dispatch Center by filing an amended request form. The information will self expire 2 (two) years from the date received by the Dispatch Center, and I am responsible for renewing the form if I want the information kept in the Police and Fire Databases.

I understand and agree to these terms:

Signature	Print Name	Date Signed
Official Use Only:		
Date received by GPSDC: _____	Date information verified _____	
Date entered into CAD _____	Entered by: _____	ID # _____

Special Needs / Disability Information:						<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Renewal
Name			Employer					
Home Address			Work Address					
City	State	ZIP	City	State	ZIP			
Home Phone	Cell Phone	Work Phone		Other Phone (Type)				
Date of Birth	() M () F Sex	Height	Weight	Eyes	Hair			

Special Needs / Disability Information:	Please advise the nature of the special needs or disability for this individual:
<hr/> <hr/> <hr/> <hr/>	
Please advise what type of precautions Emergency Services personnel should be aware of	
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Information Provider / Contact persons	
This information is being provided by:	() The individual named above
Or:	
Name	Relationship to the Special Needs Person
Address	City State ZIP
Home Phone	Alternate Phone