Illinois Premise Alert Program Enrollment Form
Barrington Hills Police Department
112 Algonquin Rd., Barrington Hills, IL 60010

P l e a s e Print Legibly   New   Change Information   Remove Information

Name: _____   Date of Birth:_____

Address:_____

City: _____   State:_____   Zip: _____

Home Phone: _____   Work/Cell Phone:_____

Place of employment: _____

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 or result in any form of preferential treatment. 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 two year deadline. If the information is not confirmed at that time, the information will be removed from the database. It shall be the responsibility of the undersigned to notify the Barrington Hills 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 two-way radio, phone, computer or any means available. The undersigned hereby verifies that the above-noted 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 person familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Barrington Hills Police Department to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____   Relationship: _____

Signed: _____   Dated: _____

For Office Use Only:
Forwarded to QuadCom by: _____   Date: _____

Received by QuadCom: _____   Date: _____

Entered by QuadCom: _____   Date: _____