

Illinois Premise Alert Program Form
Harvard Police Department
PO Box 310
Harvard, IL 60033
815-943-4431
www.cityofharvard.org

Please Print Legibly New Change of Information Remove Information

Name: _____ Date of Birth: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Work Phone: _____

Educational Facility: (If Applicable) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Special Needs: _____

Emergency Contacts (Optional)

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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 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 Harvard 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 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 individual general. 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 Harvard Police Department and the McHenry County Emergency Telephone System Board to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

-----OFFICE USE ONLY BELOW-----

Name of Dispatcher: _____ Date: _____

Date Sent to McETSB: _____ 2 Year Letter Sent Date: _____

Chief of Police Signature: _____ Date: _____