



## Lincolnwood Police Department 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 special needs to provide information to Police, Fire and EMS personnel to be kept in a database. The information can then be provided to Police, Fire and EMS units responding to the specified locations in dealing with the situations involving the individuals with special needs.

The information provided by you will be kept confidential and used only to provide Police, Fire and EMS personnel responding to specified locations with the information needed to deal with situations or emergencies involving a person with special needs.

Please return the completed form to:

**Lincolnwood Police Department**  
**Attn: Social Services**  
**6900 N. Lincoln Ave**  
**Lincolnwood, IL 60712**

The data is provided by the individual or other person in order to provide responding Police, Fire or EMS personnel information to assist them in providing emergency services. This information will be entered into a database 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. The information on the person with special needs will be associated with the address provided and will be provided to Fire, Police and EMS units responding to the address.

Individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the Village of Lincolnwood, its police and fire departments nor any other responding agencies will not be held liable for duties relating to the reporting of the individuals with special needs.

I also understand that if any of the attached information changes I must notify the Lincolnwood Police Department by filing an amended request form. The information will self-expire 2 (two) years from the date received and will be deleted from the database. The form must be renewed if the information is to be kept in the database.

I understand and agree to these terms:

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Signature

Print Name

Date Signed

**Village of Lincolnwood**

Special Needs Person 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	Work Phone
_____	_____
Date of Birth                      Sex (M/F/Non-binary)	Height      Weight      Eye Color      Hair Color

<p><b>Special Needs Information:</b>          Please advise nature of disability or special needs for this individual:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please advise what type of precautions or special considerations emergency service personnel should be aware of:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This information is being provided by:	OR: _____ I am the individual named above
_____	_____
Name	Relationship to person above
_____	_____
Address	_____
_____	_____
Phone number	Address                      City                      State                      Zip

Received by/date (Staff Only) \_\_\_\_\_

Updated: 3/30/23