



# Mount Vernon Police Department

211 N 10th St  
Mount Vernon, IL 62864  
618-242-2131  
618-242-0380 (Fax)

## Illinois Premise Alert Program Enrollment Form

New     Revised Information     Remove

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

M or  F    Height/Weight: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment/Education (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Emergency Point(s) of Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\*Use back of form or additional piece of paper if needed.

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 does not entitle or result in preferential treatment. The information will be kept on file for a period not to exceed two (2) years. It is the responsibility of the undersigned to notify the department of any changes as well as any request to maintain the information beyond this period. If no request is made, the information will be removed from the database. The information maintained is confidential and will be relayed to responding entities via two-way radio, phone, computer or any means available. The undersigned 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 or 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 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 Mount Vernon Police Department to enter this information into the Premise Alert Program (PAP) Database/Computer Aided Dispatch (CAD) system. No contract or legal right is created by this document.

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN COMPLETED FORM TO THE MOUNT VERNON POLICE DEPARTMENT

*Police Department Use Only:*

Date received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Entered into CAD/PAP: \_\_\_\_\_ Entered By: \_\_\_\_\_