



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 OR
EMAIL TO AHARRIS@MVPD.ORG.**

Police Department Use Only:

Date received: _____ Received By: _____

Date Entered into CAD/PAP: _____ Entered By: _____