



## City of Park Ridge Fire Department Premise Alert Program Notification Form

The Illinois Premise Alert Program (430 ILCS 132/1 et seq) provides for Public Safety Agencies in the State of Illinois to allow people with special needs to provide information to Fire and EMS personnel to be kept in a database. The information can then be provided to Fire and EMS units responding to the specified locations in dealing with situations involving the special needs individuals.

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

**\*The notification expires and the information will be deleted from the database 3 (three) months after the date it is submitted. You may update or renew it at any time by submitting a new form.**

Please mail or email the completed form to:

**City of Park Ridge Fire Department  
City Hall  
505 Butler Place  
Park Ridge, Illinois 60068  
[bsmaha@parkridgefd.org](mailto:bsmaha@parkridgefd.org)**

The data is provided by the individual or other person in order to provide responding Fire or EMS personnel information to assist them in providing emergency services. The information will be entered into a database maintained by the Fire Department and may be shared with other fire or EMS agencies as needed to provide services to the individual. The information on the special needs person will be associated with the address provided and will be provided to Fire or EMS units responding to the address.

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the City of Park Ridge, its fire department nor any other responding agencies will not be held liable for duties relating to the reporting of special needs individuals.

I also understand that if any of the attached information changes, I must notify the Park Ridge Fire Department by filing an amended request form. The information will **self-expire 3 (three) months** from the date received by the Fire Department and will be deleted from the database. I must renew the form if I want the information kept in the Fire Department database.

I authorize the City of Park Ridge to input the information listed below into the City's CAD system for purposes of releasing such information to City public safety workers, when possible, who may respond to an emergency situation involving the above person, and I verify that the information below is correct as of the date written below.

I understand and agree to these terms:

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**Signature**  
**Signed**

**Print Name**

**Date**

# City of Park Ridge

<b>Individual's Information:</b>			<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Update</b>	<input type="checkbox"/> <b>Renewal</b>		
_____			_____				
<b>Name</b>			<b>Employer</b>				
_____			_____				
<b>Home Address</b>			<b>Work Address</b>				
_____			_____				
_____	_____	_____	_____	_____	_____		
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>		
_____		_____		_____			
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>			
_____		_____		_____			
_____		<b>M</b>	<b>F</b>	_____	_____		
<b>Date of Birth</b>		<b>Sex</b>		<b>Height</b>	<b>Weight</b>	<b>Eyes</b>	<b>Hair</b>
_____		_____		_____	_____	_____	_____

<b>Special Needs Information:</b>	<b>Please advise nature of Special Needs for this individual:</b>
_____	
_____	
<b>Please advise what type of precautions Emergency Service personnel should be aware of:</b>	
_____	
_____	
_____	

<b>Information Provider / Contact Persons</b>	<b>Email address:</b> _____		
<b>This information is being provided by:</b>	<input type="checkbox"/> <b>The Individual named above:</b>		
	<b>Or:</b> <input type="checkbox"/>		
_____	_____		
<b>Name</b>	<b>Relationship to the Special Needs Person</b>		
_____	_____		
_____	_____		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
_____	_____	_____	_____
_____	_____		
<b>Home Phone</b>	<b>Alternate Phone</b>		
_____	_____		