

# Office of the Sheriff

Winnebago County



Gary Caruana

Sheriff



650 West State Street  
Rockford, Illinois 61102  
815-319-6000

## 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 responders dealing with situations involving the Special Needs Individuals.

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

The notification expires two (2) years after the date it was submitted. You may update or renew it at any time by filing a form.

Please return the completed form to:

**Winnebago County 911 Center**  
**4511 N Main Road**  
**Rockford, IL 61103**

The data is provided by the individual or other person to provide responding police, fire and EMS personnel information to provide emergency services. The information will be entered into databases maintained by the Winnebago County 911 Center and may be shared with other police, fire and EMS agencies as need to provide services to the individual.

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the Winnebago County Sheriff's Department or 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 information changes I must notify the Winnebago County 911 Center to file an amended form. The information will expire two (2) years from the date received and the form must be renewed if the individual wants the information kept in the Police databases.

I understand and agree to these terms:

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Signature

Print name

Date

295<sup>th</sup> Nationally Accredited



Law Enforcement Agency

**Winnebago County Sheriff's Department  
Premise Alert Program Form**

**Special Needs Person Information:**          **New**          **Update**          **Renewal**

|               |   |            |              |       |       |
|---------------|---|------------|--------------|-------|-------|
| _____         |   |            | _____        |       |       |
| Name          |   |            | Employed by  |       |       |
| _____         |   |            | _____        |       |       |
| Home Address  |   |            | Work Address |       |       |
| _____         |   |            | _____        |       |       |
| City          | State   | Zip        | City         | State | Zip   |
| _____         |   |            | _____        |       |       |
| Home Phone    | Cell Phone                                      | Work Phone |              |       |       |
| _____         | <input type="radio"/> M <input type="radio"/> F | _____      |              |       |       |
| Date of Birth | Sex   | Height     | Weight       | Hair  | Eyes  |
| _____         | _____   | _____      | _____        | _____ | _____ |

**Special Needs Information:** Please list nature of Special Needs for this Individual:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the type of precautions Emergency Services Personnel should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information Provider/Contact Person**

This information is being provided by:     The individual named above

|            |            |  |
|------------|------------|--|
| _____      | <b>OR:</b> | _____  |
| Name       |            | Relationship to the special needs person                 |
| _____      |            | _____  |
| Address    |            | City                      State                      Zip |
| _____      |            | _____  |
| Home Phone |            | Alternate Phone  |