

Tri-Com Central Dispatch  
Premise Alert 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. Disclosing information will not result in any preferential treatment.

**SPECIAL NEEDS PERSON INFORMATION:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell telephone \_\_\_\_\_

Employment Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work telephone \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Telephone \_\_\_\_\_

**Special Needs Information**

Please advise nature of special needs and precautions Emergency Services personnel should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Form continues on back side)

Tri-Com Central Dispatch  
Premise Alert Notification Form



**SUBMITTER INFORMATION:** if different than above

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

The information gathered as part of Premise Alert Program shall remain strictly confidential. The information shall be used only to provide assistance to emergency medical and police responders. This information will be stored in hard copy form and also electronically in the Computer Aided Dispatch (CAD) system at Tri-Com Central Dispatch. Tri-Com Central Dispatch is the 911 Center for the police, fire and ambulance services of St Charles, Geneva, Batavia, Elburn and Sugar Grove. Tri-Com also handles emergency communications for South Elgin Police, North Aurora Fire Protection District and Waubensee Campus Police.

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual, and that Tri-Com Central Dispatch and its police and fire departments nor any other responding agencies will be held liable for duties relating to the reporting of special needs individuals.

I also understand that if any of the above information changes I must notify the appropriate police or fire department by filing an amended request form. The information will self expire 2 (two) years from the date received by the Police/Fire Department and I must renew the form if I want the information kept in the CAD Database.

I understand and agree to these terms:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship with special needs individual \_\_\_\_\_

**Police/Fire/Tri-Com Use Only:**

Date Received by PD/FD: \_\_\_\_\_

Received By: \_\_\_\_\_

Date forwarded to Tri-Com: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date entered into CAD: \_\_\_\_\_