



Woodstock Fire/Rescue District
435 E. Judd Street, Woodstock, IL 60098
(815)338-2621 phone (815)334-2010 facsimile

Premise Alert Program Enrollment Form

The information provided by you below will be kept confidential and used only to provide emergency personnel with the information needed to deal with situations or emergencies involving a special needs or disabled individual. The information may be updated or renewed at any time by completing a new form. The Woodstock Fire/Rescue District shall not be subject to civil liabilities for duties relating to the reporting of special needs or disabled individuals and the following information will not result in any type of preferential treatment to the individual. This notification expires two (2) years after the date submitted.

New Update/Change Renewal Remove

Name: _____ Date of Birth: _____

Residential Address: _____ Apt. # _____

City: _____ State: Illinois Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Is there a lock box at this residence? Yes Location: _____ No

Place of Employment (if applicable): _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Educational Facility (if applicable): _____ Address: _____

Phone: _____ City: _____ State: _____ Zip: _____

Special Needs Information:

Please advise what type of precautions (if any) the Emergency Services should be aware of:

Emergency Contact Name: _____ Relationship _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those individuals with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. This information will be kept confidential for a period not to exceed two (2) years. A notification, whether public or private, will be made prior to that 2 year deadline. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Woodstock Fire/Rescue District in writing of any changes to this information as soon as those changes are known. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby 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 and 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 and their needs. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Woodstock Fire/Rescue District to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____