



# ROUND LAKE POLICE DEPARTMENT

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## Premise Alert Program

The Illinois Premise Alert Program, enacted by the Illinois legislature in summer 2009, seeks to afford people with disabilities or special needs or both the same access to public safety services provided to all citizens. It is the intent of the program to offer guidance and direction to public safety workers in responding to and assisting those people with special needs or disabilities or both with whom they will have contact in the performance of their duties and responsibilities. The ability to identify special needs individuals, their places of employment, educational facilities, and residences are valuable resources in instances when or if any emergency response by law enforcement or fire protection personnel or both are needed.

Illinois law defines “disability” as an individual’s physical or mental impairment that substantially limits one or more of the major life activities; a record of such impairment; or when the individual is regarded as having such impairment.

“Special needs individual” means those individuals who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type of amount beyond that required by individuals generally.

Participation in the program is voluntary and all information gathered as part of the Premise Alert Program is kept strictly confidential. The information you provide is used only to provide assistance to emergency medical and police responders.

If you or someone you know would like to enroll in the Round Lake Premise Alert Program, then please complete the attached form and submit it to the Round Lake Police Department:

**Round Lake Police Department  
ATTN: Records Section  
741 West Townline Road  
Round Lake, Illinois 60073**

If you have any questions, please call the Round Lake Police Department at (847) 546-8112.

# ROUND LAKE POLICE DEPARTMENT



## Premise Alert Program Enrollment Form

New

Amend

Remove

NAME:		DATE OF BIRTH:	
HOME ADDRESS:		APT #:	
CITY:	STATE:	ZIP CODE:	
HOME TELEPHONE:		CELLULAR TELEPHONE:	

<b>PLACE OF EMPLOYMENT</b> (If Applicable):			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	TELEPHONE:

<b>EDUCATIONAL FACILITY</b> (If Applicable):			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	TELEPHONE:

DESCRIPTION OF SPECIAL NEEDS OR DISABILITIES:			

*I understand the information given above is intended to offer guidance and to assist responders in assisting those people with special needs or disabilities while 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 on file for a period not to exceed two (2) years. A notification 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 Round Lake Police Department in writing of any changes to this information as soon as those changes are known. The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information may be relayed to responding public safety personnel via two-way radio, phone, computer or other available means. 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 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 Round Lake Police Department to enter this information into the Premise Alert Program (PAP) database.*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE