

DU-COMM

DuPage Public Safety Communications
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Illinois Premise Alert Program (PAP) Enrollment Form

☐ New

☐ Change Information

☐ Remove

Name: _____		Date of Birth: _____	
Residential Address: _____		Apt # _____	
City: _____	State: _____	Zip: _____	
Home Phone: _____		Cell Phone: _____	
Place of Employment: (if applicable) _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____			
Educational Facility: (if applicable) _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____			

Special Needs:

I understand the information given above is intended to offer guidance and assistance to responders aiding people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle 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, 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 Public Safety Agency 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 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. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Public Safety Agency to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

PLEASE FORWARD THIS FORM TO YOUR LOCAL POLICE OR FIRE DEPARTMENT.

For Internal Use Only:					
AGENCY:		Approved By:		Date:	
DU-COMM		Entered By:		Date:	