



# Illinois Premise Alert Program Enrollment Form West Chicago Police Department

*Please Print Legibly*

Check One: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Update

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment/Educational Facility (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

Special Needs Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I agree to have the above information kept on file for a period not to exceed two (2) years, at which time the information will be removed from the database, unless I fill out a renewal form. Further, I understand that I will update the form as soon as any changes to my personal information are known and if removal from the program is required, I will make written notification to the West Chicago Police Department.

By signing this form, I verify that the above person fits the category of a special needs individual pursuant to Public Act 096-0788 (meaning an individual who 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.). I understand that providing this information will not entitle the above individual to any form of preferential treatment, it simply aids first responders when dealing with the individual.

By signing this form, I certify that I am a parent, guardian, family member, or caregiver familiar with the above listed individual. By signing this, I certify that I have read and understand this form in its entirety and hereby give permission to the West Chicago Police Department to enter this information into the Premise Alert Program database.

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

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please return completed form to:  
West Chicago Police Department  
325 Spencer Street  
West Chicago, IL 60185  
Phone: (630) 293-2222  
Fax: (630) 231-2621

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|------------------|
| Received by WCPD |
| _____            |
| Faxed to WCFPD   |
| _____            |
| Sent to DuComm   |
| _____            |