



Kankakee County Sheriff's Department

www.kankakeecountysheriff.com
3000 S. Justice Way, Kankakee, IL 60901
Phone: 815-802-710
Fax: 815-802-7101

ILLINOIS PREMISE ALERT PROGRAM NOTIFICATION FORM

New Change Information Remove

Name: _____ Date of Birth: _____

Driver's License/State ID #: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Place of employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Facility: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Special Needs: _____

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people 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 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 is the responsibility of the undersigned to notify the Kankakee County Sheriff's 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 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 Kankakee County Sheriff's Department to enter this information into the PAP database. Pursuant to Illinois law, Kankakee County Sheriff's Department shall not be subject to civil liability for duties relating to the reporting of special needs individuals.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

Please return completed form to: Kankakee County Sheriff's Department, 3000 S. Justice Way, Kankakee, IL 60901