

Citizen Premise Response Request

Date of Request : _____ Request Type : (Circle One) POLICE FIRE MEDICAL

Requestor's Name : _____ Requestor's Date of Birth : _____

Requestor's Address : _____

Property Information

Property Owner : _____

Property Address : _____

Property Phone Number : _____

Nature of the request : (Please be specific in your description of medical issues, name and date of birth of patient)

Property Keyholders or Emergency Contacts (If applicable)

Name : _____ Home # : _____ Cell # _____

Name : _____ Home # : _____ Cell # _____

Name : _____ Home # : _____ Cell # _____

Name : _____ Home # : _____ Cell # _____

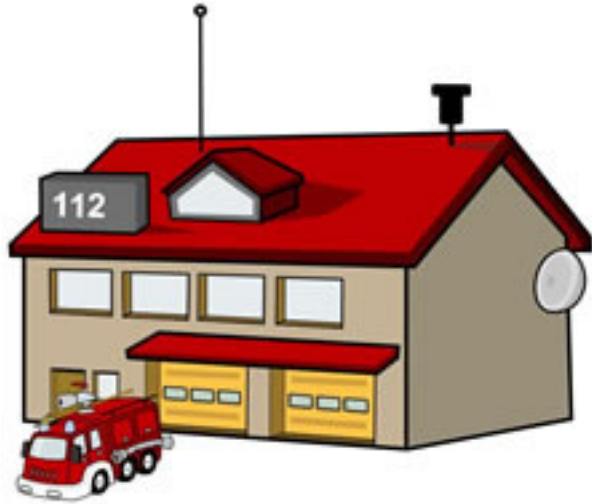
Is the location equipped with a Knox Box for emergency entry ? Yes No

By completing the Premise Alert Form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire, and Emergency Response Departments in more effectively responding to a potential emergency in or near my household. I, therefore, authorize the use of this information for those purposes and to the maximum extent that I am empowered to do so, waive any claim in law and/or equity against any of the above mentioned responder(s) which I, or _____ (the individual's name), or any of our representatives, descendants, or successors, might otherwise have arising from or related to the use or existence of the information provided herein. I understand that providing this information on the Premise Alert Form does not entitle me or anyone in my household, including _____ (the individual's name), to preferential treatment, including a more timely response by emergency response personnel. I also understand and agree that this information may be considered, only if the circumstances and exigencies confronting the police or other emergency responders permit. I also understand that if the information provided on the Premise Alert Form is considered, it may be considered along with all other relevant sources of information, and subject to proper police and emergency response procedures, when police, fire department or other emergency response personnel are responding to the residence of the individual for whom this form is being completed. Completion and submission of this form is simply an attempt to provide emergency response personnel with information that may be helpful when providing services to residents or occupants of my home, in or near my household.

I hereby verify that the representations made herein are true and correct to the best of my knowledge, information and belief.

Date Entered into CIS : _____ By : _____

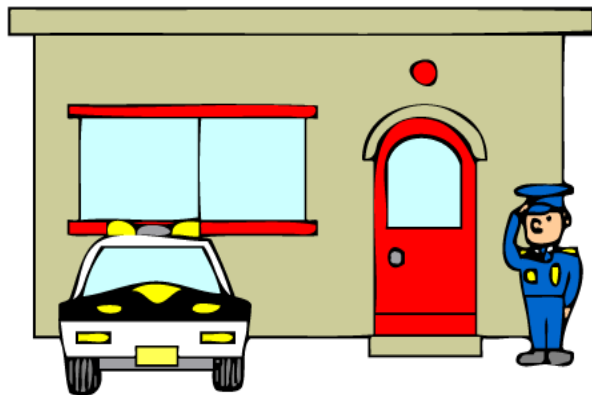
Review Date : _____ By : _____



This program is designed to allow the public to notify public safety (police and or fire) of any citizens with special needs or disabilities to ensure equal access to emergency services.

The completion of the enclosed form will provide public safety personnel access to vital information regarding physical, developmental, behavioral, or emotional disabilities. This data can be submitted based on location, to include residences, businesses, or educational facilities within our jurisdiction.

We acknowledge that the information provided on this form is confidential and will only be provided to emergency responders.



Zion Public Safety Premise Alert Program



Please complete the enclosed form and return it to the following locations:

Zion Fire Station One 1303 27th St or the Zion Police Department (2101 Salem Blvd) between 9am and 5pm Monday thru Friday.

You will be directed to a supervisor who will review your form and assess your specific needs.

Should you have any questions regarding this program, please contact the Premise Alert Coordinator Fred Ray fredr@zion.il.us or Lieutenant Steve Dumyahn at 847-872-8000 or e-mail steved@zion.il.us

