

Clay County 911
123 N. Locust
Flora, IL 62839
Phone: 618-662-7070
Fax: 618-662-6212

ILLINOIS PREMISE ALERT PROGRAM ACT

Do you have a special need during an emergency? Does someone you know in your own family have a special need that emergency services should be aware of? If so please fill out the following information and send it back to Clay County 911.

The Illinois Premise Alert Program (Public Act 96-0788) provides for Public Safety Agencies in the state of Illinois to maintain information on individuals with special needs within their coverage area. The information gathered as part of this Premise alert Program is completely voluntary and shall remain strictly confidential. The information shall only be used to provide assistance to emergency medical, fire and law enforcement responders.

It is the intent of Clay County 9-1-1 to offer guidance and direction to public safety workers in responding to and assisting those people who need a little extra help.

To be a part of the premise alert program, please stop by the Flora Police Department or Clay County 911 to pick up a form or fill out the bottom and return to the Flora Police Dept. All information is kept in strictest of confidence.

The information provided will be disseminated to the emergency responders in a variety of communication technologies; this will include but not limited to; radio communications, computer communications, telephone technologies or other communications technologies as utilized.

All information entered into the Premise Alert Program database must be updated every two (2) years or when such information changes, this is to be completed by the participant or their designee.

Please return the completed form to:

Clay County E911
C/O Jennifer Brown
123 N Locust St.
Flora, IL 62839

I understand the information provided is intended to offer guidance to responders, to assist them in assisting the listed individual(s) with special needs or disabilities. I understand the information provided may assist responders in their efforts to contact the listed individual(s) in case of an emergency. I understand that the information will be maintained by the Clay County E911 Communications Center and will be shared with other police, fire, or EMS agencies, as needed, to provide services to the listed individual(s). I understand that the information will be kept on file for a period of two (2) years. I understand that if the information provided is not confirmed within the two years it will be removed from the database, and will no longer be available for responder guidance and assistance. I understand that I have the obligation to update the information and that the info will be deleted if I fail to do so.

I understand that I am required to promptly notify Clay County E911 Communications Center in writing of any changes to the listed individual(s) information including address, phone, contact person, condition, etc. I understand that I have an obligation to update the information and that the info will be deleted if I fail to do so. I understand any such changes shall be directed to the above address.

I understand that the information provided will not result in any type of preferential treatment to the listed individual(s) and that the responding agencies will not be held liable for duties relating to the reporting of special needs individuals. I understand that I may opt out of this program, on the listed individual(s)' behalf at any time, upon written notice to the above address.

Clay County 911

123 N. Locust

Flora, IL 62839

Phone: 618-662-7070

Fax: 618-662-6212

CLAY COUNTY 911

123 N. Locust ** Flora, IL 62839

Phone: 618-662-7070 ** Fax: 618-662-6212

PREMISE ALERT PROGRAM

Name of Special Needs Individual:	DATE:	
Address:	State/Zip Code:	
Date of Birth:	Sex: M / F	
Home Phone:	Cell Phone:	
Description of Disability or Special Needs:		
The above information is provided on a voluntary basis. I, as the requestor, understand that all information Entered into the Premise Alert Program Database must be updated by the requestor every two (2) years or when such information changes. Failure to update information may result in information being removed from database.		
Requestor Name & Address:		
Phone:	Cell phone:	
Relationship to Special Needs Individual:		
Special information for responders:		
Oxygen Provider:	Phone Number:	
Electrical Provider:		
Outside Key Location:		
Received: ___/___/___	Entered: ___/___/___	Entry by: ___/___/___