



# Richmond Township Fire Protection District

5601 Hunter Drive  
Richmond, IL 60071  
815-678-3672  
www.rtfpd.com

## Premise Alert Program Enrollment Form

The information provided below will be kept confidential and used solely to assist emergency personnel in responding to situations or emergencies involving an individual with special needs or a disability. This information may be updated or renewed at any time by submitting a new form and will expire two (2) years after the submission date. The Richmond Township Fire Protection District shall not be subject to civil liability for duties related to the reporting of individuals with special needs or disabilities, and submission of this information does not result in any form of preferential treatment.

New     Update/Change     Renewal     Remove

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

Residential Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

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

Is there a Knox box at this residence?  Yes    Location: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Educational Facility (if applicable): \_\_\_\_\_ Address: \_\_\_\_\_

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

### Special Needs Information:

Please advise what type of precautions (if any) the Emergency Services should be aware of:

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those individuals 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 confidential 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 Richmond Township Fire Protection District in writing of any changes to this information as soon as those changes are known. 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 and their needs. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Richmond Township Fire Protection District to enter this information into the Premise Alert Program (PAP) database.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_