



BENSENVILLE FIRE PROTECTION DISTRICT #2

500 South York Road

Bensenville IL 60106

Administrative Office (630) 350-3441

Fax (630) 350-3421

ILLINOIS PREMISE ALERT PROGRAM (PAP) ENROLLMENT FORM

_____ New _____ Change Information _____ Remove

Name: _____ Date of Birth: _____

Address: _____ Apt# _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place _____ of _____ Employment: _____ (if _____ applicable) _____

_____ Address: _____

_____ City: _____ Zip: _____ Phone : _____

Educational Facility: (if applicable) _____

Address: _____ City: _____ Zip: _____

Phone : _____

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 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 Public Safety Agency 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 Public Safety Agency to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____