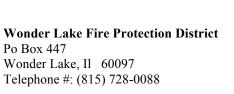
Please use this form to provide information to be entered pursuant to the Illinois Premise Alert Program Act (430 ILCS 132) into the computer aided dispatch database for the Wonder Lake Fire Protection District





Name:		Date of Birth:		
Residential address:			Apt. #	
City:		State:	Zip:	
Home Phone:	Work/Cell Phone:	Othe	Other:	
Place of employment: (if applica	ble)			
Address:				
City:		State:	Zip:	
Educational Facility: (if applicab	le)			
Address:				
City:		State:	Zip:	
Special Needs:				
those people with special needs or result in any form of preferen notification, whether public or provide information will be removed those changes are known. The This information will be relayed available. The undersigned here risk for a chronic physical, deveservices of a type or amount be family member, friend, caregive understand this form in its entire	en above is intended to offer guidance or disabilities in the performance of the tial treatment. This information will be knivate, will be made prior to that 2 year from this database. It shall be the respin in vinformation entered into the Premise A to responding public safety personnel veby verifies the above person has a phylopmental, behavioral, or emotional conyond that required by individuals general, or medical personnel familiar with the ety and hereby give permission to the Neremise Alert Program (PAP) database	eir duties. Presenting thing the cept on file for a period ne deadline. If the information on sibility of the undersign writing of any changes to lert Program (PAP) datally is two-way radio, phone yesical or mental impairmentally. The undersigned is a individual. By signing, Information on the county Emerge	s information will not entitle to of to exceed two (2) years. A on is not confirmed at that time, ned to notify this information as soon as case shall remain confidential., computer or any means ent, or has or is at increased uires health and related the above named individual, a certify I have read and	
Print Name:		Relationship:		
Signed:		Date:		