

Livingston County Premise Alert Program



Registration Agreement

The Premise Alert Program (PAP) exists to assist emergency responders with information critical in helping provide the appropriate response and services. It is completely voluntary. Please identify the appropriate choice:

- | | |
|---|---|
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mood Disorder |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Psychotic Disorder |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Impulse Disorder |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Childhood Disorder |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Communication Disorder | |
| <input type="checkbox"/> Other Disorder _____ | |

Other Information you feel responders should know: _____

Date of Registration: _____
Registrant Name: _____ (Last) _____ (First) _____ (MI)
Date of Birth: _____
Address: _____ _____
_____ (Signature)

If you are the parent or court appointed legal guardian of the person being registered, please complete the following.

Printed (Full Legal Name) _____
Signature

- I am the Parent of the registrant
 Legal guardian of the registrant

* By registering into the Premise Alert Program, I also agree to the terms/conditions (on back):

Send Completed registration forms to: Drop Off: at your local Police Dept. Mail to: VCOM, 844 W. Lincoln Ste. B, Pontiac, IL 61764 or Email to: rwittenberg@livingstoncountylvil.gov or FAX to: 815-844-7399
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Livingston County Premise Alert Program Terms and Conditions

By registering for this program, I agree to the following terms/conditions.

1. I understand the Livingston County Premise Alert Program is authorized by 430 ILCS 132/1 et seq. and all participants are entitled to the full protections under the statute.
2. I authorize the application information to be entered in the Livingston County Law Enforcement Premise Alert databases.
3. I understand that providing this information is voluntary on my part.
4. I understand the, Chatsworth, Dwight, Fairbury, Pontiac, and Streator City Police Agencies, and the Livingston County Sheriff, and VCOM 911 intend to use the information to assist their employees and officers in responding to police calls for service.
5. I understand providing this information does not obligate the Chatsworth, Dwight, Fairbury, Pontiac, Streator City Police Agencies, the Livingston County Sheriff or VCOM 911, its agents, employees and officers in any manner.
6. I hereby release and waive any claim that I may have or that may arise against the Chatsworth, Dwight, Fairbury Pontiac, Streator City Police Agencies or the Livingston County Sheriff, VCOM 911, their officers, employees or agents as a result of the use or further transmission of this information, or the failure to provide this information, or the failure to act in accordance with this information. I further agree to hold the City of Chatsworth, Dwight, Fairbury, Pontiac, Streator City Police, Livingston County Sheriff, and VCOM 911, their officers, employees or agents harmless from any damages caused as a result of the use or failure to use this information.
7. I understand that I may have this information removed from the database any time by submitting a request in writing.

Terms and Conditions of Registration Agreement

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1. I authorize the application information to be entered in the Livingston County Law Enforcement Premise Alert databases.
2. I understand that providing this information is voluntary on my part.
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5. I hereby release and waive any claim that I may have or that may arise against the Chatsworth, Dwight, Fairbury Pontiac, Streator City Police Agencies or the Livingston County Sheriff's Dept., VCOM their officers, employees or agents as a result of the use or further transmission of this information, or the failure to provide this information, or the failure to act in accordance with this information. I further agree to hold the City of Chatsworth, Dwight, Fairbury, Pontiac, Streator City Police, Livingston County Sheriff's Dept., and VCOM their officers employees or agents harmless from any damages caused as a result of the use or failure to use this information.
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Law Enforcement Agencies Participating in this Service

Chatsworth City Police
Phone: 815-419-4409

Dwight City Police
Phone: 815-584-3132

Fairbury City Police
Phone: 815-692-3347

Pontiac City Police
Phone: 815-844-5148

Streator City Police
Phone: 815-672-3111

Livingston County
Sheriff's Department
Phone: 815-844-2774

VCOM 911
Phone: 815-844-0911

Please direct any questions you



Livingston County Law Enforcement Includes

Pontiac, Dwight, Chatsworth, Fairbury and
Streator City Police
Sheriff's Department and VCOM 911

Premise Alert Program



A voluntary notification system designed to aid in the interaction between citizens with special needs and responding Law Enforcement Officers.

Program Overview

The members of the Livingston County Law Enforcement community are committed to developing strategies and procedures to enhance their interaction with special needs residents. The procedures outlined in this program are specifically designed to provide responding law enforcement officers with information which may assist them in their investigations and responses to your calls for service.

How Do Responding Officers Get My Information?

By registering, you allow the specific information you provide to be entered and maintained in a County wide database system. If you should call for police, fire, and/or ambulance services the information you provided will appear and be passed on to the responding officers through the

Who Should Register?

Any resident of Livingston County with a special need may register with their police agency. The following list includes some examples of the conditions that may apply.

- Alzheimer's/Dementia
- Autism
- Downs Syndrome
- Deaf/Hard of Hearing
- Mental Illness
- Vision Impaired
- Developmental Disability
- Diabetic
- Communication Disorder (explain)
- Seizure Disorder
- Substance Use Disorder
- Physical Disability (explain)

How Do I Register?

Anyone wishing to register may contact their local law enforcement agency and complete the registration and return by email or mail. The person being registered must be receiving treatment or have a history of treatment, for a condition that qualifies for the program. Persons wishing to be registered but are unable to do so based on their specific condition, may be registered by a legal guardian. Proof of guardianship will be

Your information will only be shared with Livingston County

Frequently Asked Questions

- Q. How will my information be provided to police officers?
- A. Your information will be provided through a computer display in the squad car, not over the police radio.
- Q. How do I get removed from the program?
- A. Your request must be in writing and presented to your local police agency.
- Q. Is there a fee for this service?
- A. No, it is voluntary and free of charge.