



**PLAINFIELD FIRE
PROTECTION DISTRICT Illinois
Premise Alert Program
Submission Form**

Date Submitted _____

This form may be submitted in any of the following ways: email to premhaz@plainfieldfpd.com, drop off in person M-F between 8 and 3:30 or via mail 23748 W. 135th Street Plainfield, IL 60544.

New Submission

Update Information

Cancel Service

Enrollee Name _____

Date of Birth _____

Address (city/state/zip) _____

Cell Phone _____

Home Phone _____

Work Phone _____

Next of Kin/Contact Person/Key Holder _____

Relationship _____

Address and Telephone _____

Oxygen tanks are used in the home

Location of oxygen tanks

Yes No

Using the space provided below, list the individual's special needs

I understand the information provided above is intended to offer guidance and information to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle or result in any form of preferential treatment. This information will be updated every two (2) years. A notification, whether public or private, will be made prior to that 2 year deadline. It shall be the responsibility of the undersigned to notify the Plainfield Fire Protection District, 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 computer or any means available. The undersigned hereby verifies the above listed person has a physical or mental impairment, has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and also requires health and related services of a type or amount beyond generally required by individuals. The undersigned is the above named individual, a family member, friend, caregiver, or medical professional familiar with the individual. By signing, I certify that I have read and understand this form in its entirety and hereby give permission to the Plainfield Fire Protection District to enter this information into the Premise Alert Program (PAP) database.

Submitter's Name _____

Relationship _____

Submitter's Address (city/state/zip) _____

Email _____

Preferred means of contact Email Mail Service

FFPD Office Use Only

Employee initial _____

Date entered _____