

Emergency Telephone System Board

Jo Daviess County

330 N. Bench Street • Galena, IL 61036
(815) 776-9310 • Fax (815) 777-9284

JO DAVIESS COUNTY
COMMUNICATIONS
LAW*FIRE*EMS



Premise Alert Program (PAP)

Subsequent to the signing of Public Act 096-0788, the Jo Daviess County Sheriff's Office and Jo Daviess County Emergency Telephone System Board are required to maintain information on special needs individuals. This information may be used by law enforcement, fire or EMS personnel to assist in the event of an emergency; however, shall not be considered for any form of preferential treatment. Participation in this program is voluntary and therefore, requires individuals to keep reported information up to date, not less than every 2 years.

The PAP information will be maintained in a Computer Aided Dispatch (CAD) system based on address. As a result, this information will be available subsequent to an address validated call being logged into the system. There are certain limitations that may preclude the information from being available or being made available at a later time. These limitations may include, but are not limited to operating status of the CAD system, the address validation process of the system, operator error and center activity levels.

The information contained will be considered confidential; however, may be shared with emergency services by any normal means of communication. The normal methods of communicating with responders; include telephone, cellular, mobile data, 2-way radio and any other methods made available as technology progresses.

Premise Alert information shall be limited to those individuals that have documented special needs and/or disabilities. The source of the information must come from the individual, family member, friends, caregivers or medical personnel familiar with the individual.

Special Needs Individual:

___ NEW ___ UPDATE ___ RENEWAL

Full Name

__/__/____
Date of Birth

[] Female

[] Male

____ N, S, E, W, N/A _____
House # Apt # Circle one Road Name City

[H] (____) ____ - ____ [C] (____) ____ - ____

Other Emergency Numbers:

Name

Number

Relationship

Special Needs Information:

Space is limited, please be concise

Individual Authorization:

I understand the system limitations and authorize the above information to be entered into the Jo Daviess County Sheriff's Office CAD System.

Printed Name

Signature

Date

Third Party Authorization:

I understand the system limitations and authorize the above information to be entered into the Jo Daviess County Sheriff's Office CAD System, on behalf of the individual named above:

Printed Name

Signature

Date

Relationship (Circle One): Family Friend Caregiver Health Care Provider

**Return Completed Form: Jo Daviess Co E.T.S.B.
Premise Alert Program
330 N. Bench St
Galena, IL 61036**

PSAP Use Only: Received: _____
Entered: _____
ID#: _____