

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:

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| <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: _____

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| Date of Registration: _____ |
| Registrant Name: _____ (Last) _____ (First) _____ (MI) |
| Date of Birth: _____ |
| Address: _____ |
| Contact Phone Number: _____ |
| _____ (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):

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| <p>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@livingstoncountyil.gov or FAX to 815-844-7399</p> |
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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.