



# Western Springs Police Department

## PAP Data Entry Form



The Illinois Premise Alert Program (PAP) is a useful tool for both Police and Fire responders and dispatch centers to be aware of special information or instructions regarding persons with special needs or disabilities that require immediate attention when calls for service are requested to a location. This form is a guideline to assist in the accurate entry and record keeping of Premise Alert Program notes requested to be put into the EnRoute CAD database. Note entry is considered confidential as cited in Section 25 of Public Act 096-0788.

**Address for Entry** \_\_\_\_\_

**Apt./Suite** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Family Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Requesting Person** \_\_\_\_\_

**Title** \_\_\_\_\_

**Caution Note:**

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**Medical Note:**

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**Comments:**

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Participation in the Program and your decision to provide special needs information for input into the CAD system is voluntary. The information gathered as part of the Program shall remain confidential and shall be used only to provide assistance to fire, emergency medical and police responders. If you elect to participate in the Program, you are advised that the provision of special needs information will not result in preferential treatment.

The establishment and continued existence of Program is based on funding availability.

Authorization/Verification

I, the undersigned, authorize the Village of Western Springs to input the above information regarding the above-referenced person, who has special needs, into the Village's CAD System for purposes of releasing such information to Village public safety workers, when possible, who may respond to an emergency situation involving the above person, and I verify that the above information is correct as of the below date.

BY: \_\_\_\_\_  
Individual or Authorized Adult Family Member/Guardian/Friend/Caregivers/Medical Personnel

DATE: \_\_\_\_\_

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Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_  
(Requesting Department Supervisor)

Add as Permanent Note  Purge date \_\_\_\_\_

Entered by \_\_\_\_\_ Date \_\_\_\_\_