



Premise Alert Program

(Itasca Special Needs Program)

Name: _____ Sex: _____ DOB: _____

Address: _____ Phone # : _____ Race: _____

Ht: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Glasses: Yes or No

Condition/Disability _____

Scars/Marks and/or tattoos: _____

Hyposensitive: Yes or No Hypersensitive: Yes or No

Preferred Language: English _____ Spanish _____ Other _____

Vehicle Information: Make: _____ Model: _____ License Plate: _____

Year: _____ Color: _____

Favorite Places to visit: _____

Verified By: _____ Relationship: _____

Contact Person (s):

Name _____

Name _____

Address: _____

Address: _____

Home Phone _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Authorized Signature/Date: _____

Please Attach Photo on Back

For Official Use Only:	
Received Date:	Entered into CAD/Date & Initial:
Initial/Badge #'s:	Faxed to DUCOMM/ Date & Initial: Faxed to NORCOMM/Date & Initial:
Verified by C. P. Supervisor:	Entered into 911/Date & Initial:

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2-year deadline. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the _____ Police Department In writing of any changes to this information as soon as the changes are known. The information entered into the Premise Alert Program database shall remain confidential. This information will be relayed to responding public safety personnel via two way radio, telephone, computer or other means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the _____ Police Department to enter this information into the Premise Alert Program Database.

PRINTED NAME: _____ Relationship: _____

SIGNED: _____ DATE: _____