



GENEVA FIRE DEPARTMENT

200 East Side Drive

Geneva, IL 60134

Phone: (630) 232-2530 Fax: (630) 208-9353 Email: gfd@geneva.il.us



Illinois Premise Alert Program (PAP) Enrollment Form

Geneva Residents please use this form to provide information to be entered into the computer aided dispatch database pursuant to the Illinois Premise Alert Program Act (430 ILCS 132).

Please Print Legibly New Change Information Remove

Name: _____ Date of Birth: _____

Residential Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Residential Phone: _____

Place of Employment: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Facility: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Special Needs: _____

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 me to or result in any form or preferential treatment. This information will be kept on file for a period of (2) years. 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 Geneva Fire Department 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 and shall be used to provide assistance to emergency medical responders. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has a physical and/or mental impairment, or has or is at risk for a 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 that I have read and understand this form in its entirety and hereby give permission to the Geneva Fire Department to enter this information to the Premise Alert Program (PAP) Database. Further, that by signing this document, I hereby release the Geneva Fire Department and any agents or assigns from any and all liability arising out of the use of this form, the information contained on this form, or the Illinois Premise Alert Program. Pursuant to Illinois Law, the Geneva Fire Department shall not be subject to civil liability for duties relating to the reporting of special needs individuals. Further, that no contract or legal right is created by signing this document.

Print name: _____ Relationship: _____

Signed: _____ Date: _____

**Please return completed form to:
Geneva Fire Department, 200 East Side Drive, Geneva, IL 60134**