

ROLLING MEADOWS POLICE DEPARTMENT

Dedicated to Excellence

JOHN A. NOWACKI
Chief of Police

Date: _____

PREMISE ALERT PROGRAM

A separate form should be completed for each individual member of the residence to whom conditions apply. This information is entered into a Computer Aided Dispatch (CAD) database and only applies to the address listed below.

Resident's Name _____
Address _____ Apt/Unit# _____
Building/Complex Name _____
Home Phone _____ TDD Yes No

Emergency Notifications

(Please include area codes)

Name _____ Home Phone _____ Pager Number _____
City _____ Cell Phone _____ Work Phone _____

This person has a key to my home Yes No

Name _____ Home Phone _____ Pager Number _____
City _____ Cell Phone _____ Work Phone _____

This person has a key to my home Yes No

Name _____ Home Phone _____ Pager Number _____
City _____ Cell Phone _____ Work Phone _____

This person has a key to my home Yes No

Please update this information when it changes

- | | | |
|--|--|---|
| <input type="checkbox"/> Use a Cane, Wheelchair, Walker | <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Blind/Difficulty Seeing | <input type="checkbox"/> Using Oxygen | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Psychiatric/Emotional Problems | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Pets in Residence | <input type="checkbox"/> Difficulty |
| <input type="checkbox"/> Allergic to Medications (please list) | | |
| <input type="checkbox"/> Other: _____ | | |

I understand that my medical information is confidential and protected by physician-patient. I waive the physician-patient privilege relating to the authorization for release of my confidential medical information. I understand that I may revoke this authorization any time after written notice to **Rolling Meadows Police Department** except to the extent that prior action has been taken on the basis of this authorization. I further understand that this information may be disseminated over the police and/or fire radio system and that the general public utilizing the proper radio receiving equipment can hear these radio transmissions. This application expires after two years from the date of the application unless updated by the resident.

By submitting this form I understand that this does not guarantee an immediate contact by the police department due to the potential of manpower limitations.

Signature _____ Date _____

CAD Updated by: _____	Date: _____	Time: _____
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