



Premise Alert Program

Name: _____ Sex: _____ DOB: _____

Address: _____ 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: _____ 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:
Verified by C. P. Supervisor:	Entered into 911/Date & Initial:

I understand the information given 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 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 Addison 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 listed person has a physical or mental impairment, or has or is at increased risk for chronic physical, developmental, behavioral, or emotional condition, and 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 Addison Police Department to enter this information into the Premise Alert Program database.

Printed Name: _____

Relationship: _____

Signed: _____ Date: _____