



**Communications Center**  
**Premise Alert Program (PAP) Notification Form**  
Public Act 096-0788

Name of disabled/special needs individual: \_\_\_\_\_  
(First, MI, Last)

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(In case of emergency)

Other pertinent information which would assist Police, Fire or EMS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the information on this form will be entered into a Computer Aided Dispatch (CAD) database and disseminated to Police, Fire and EMS in the event a call for service is made requesting a public safety response to the disabled/special needs individual's address.

_____ Signature	_____ Relationship	_____ Date
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This record will expire two years from the date of entry. Please return form by mail, fax or in person to:

Sahra Linnemann  
Communications Coordinator  
Columbia Police Department  
1020 North Main Street  
Columbia, IL 62236  
Fax: 618-281-6644

For Communications Use Only:  
Date Entered:

CFS#:

Initials: