



**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

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: