

1078 W Rotary Way Decatur, IL 62521

## **Premise Alert Program**

## **First Responders Form**

Name:	Date of Birth: Sex	: IVI / F
Home Address:	Work Address:	
Student: Yes No If yes, school name	and address:	
Home Phone: ( )		
Emergency Contact Name	Phone Number: ( )	
Emergency Contact Name	Phone Number: ( )	
Email:	Email:	
Please check any of the following condition	ns that apply:	
Combative with Police/Fire/ EMS	_ Gun(s) in residence Vicious Dogs/a	nimals
Deaf/Hard of Hearing	Mental Illness Horder	
Other (explain below)		
	rmation you feel emergency responders should b	
Responder Name and Badge Number	Command Officer Approval	// Date
For Communication Center Use Only:		
Received: / / Ent	tered: / / Entered By:	<del></del>