

Bensenville Police Department  
Premise Alert Program Application

Report # \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Glasses: Yes or No \_\_\_\_\_ MISC: \_\_\_\_\_

Scars-Marks and/or Tattoos: \_\_\_\_\_

Condition or Disability: \_\_\_\_\_

Hypersensitive Yes or No \_\_\_\_\_ Preferred Language: English \_\_\_ Spanish \_\_\_ Other \_\_\_\_\_

Vehicle Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Favorite places to visit: \_\_\_\_\_

Verified By: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Was digital photo taken and attached to Field Interview Report in NetRMS? Yes \_\_\_ No \_\_\_**

I understand the information given above 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 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 Bensenville Police Department in writing of any changes to this information as soon as the changes are known. The information entered into the Premise Alert 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 above person has a physical or mental impairment, or is at risk for chronic physical, developmental, behavioral, or emotional condition and who 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 give permission to the Bensenville Police Department to enter this information into the Premise Alert Program (and/or supported) database(s).

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only:	
Received Date:	Entered into CAD/Date & Initial:
Officer's Initial/Badge #:	Faxed to NORCOMM/Date & Initial:
Verified by Crime Prevention Supervisor:	Entered into 911/Date & Initial: