



City of Whitehall, Ohio Police and Fire Departments

Premise Alert Program Notification Form

The City of Whitehall premise alert form provides Public Safety Agencies in the City of Whitehall to allow people with disabilities, special needs, or both to provide information to police, fire and EMS personnel to be kept in a database. The information provided can be used to offer guidance and assistance to public safety workers in responding to and assisting those persons with disabilities or special needs. Families, caregivers, or the person with a disability or special needs may provide this information.

The below information provided by you will be kept confidential and used only to provide Police, Fire and EMS personnel with the information needed to deal with situations or emergencies involving a person with Special needs.

The notification expires 2 (two) years after the date it was submitted. Information must be updated every two years, or whenever the information changes. You may update or renew it at any time by re-filing the form with the Whitehall Police Department

Please return the completed form to:

**Whitehall Police Department
365 S. Yearling Rd.
Whitehall, OH 43213**

The data is provided by the individual or other person in order to provide responding Police, Fire and EMS personnel additional information to use while performing their duties. The information will be entered into databases maintained by the Police and Fire Departments and may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

By signing below, I am representing that I am authorized to provide this information, and I am giving permission for this information to be entered into databases for use by the Police and Fire Department, and other emergency services agencies as needed. I understand that the information provided will not result in any type of preferential treatment for anyone, and that neither the City of Whitehall, its Police Department, Whitehall Fire Department, nor any other emergency services agencies can be held liable for duties relating to reporting this information.

I also understand that if any of the information changes I am responsible for notifying the Whitehall Police Department by filing an amended request form. The information will self expire 2 (two) years from the date received by the Dispatch Center, and I am responsible for renewing the form if I want the information kept in the Police and Fire Databases.

I understand and agree to these terms:

Signature	Print Name	Date Signed
Official Use Only:		
Date received by WPD: _____	Date information verified _____	
Date entered into IMC _____	Entered by: _____	Badge # _____
Date MECC notified _____	Notified by: _____	Badge # _____

Special Needs / Disability Information: New Update Renewal

Name

Employer

Home Address

Work Address

City

State

ZIP

City

State

ZIP

Home Phone

Cell Phone

Work Phone

Other Phone (Type)

Date of Birth

(__) M (__) F
Sex

Height

Weight

Eyes

Hair

Physical identifiers (Tattoos, scars etc.)

List any Schools Attended in the Whitehall Area: _____

Special Needs / Disability Information: Please advise the nature of the special needs or disability for this individual:

Please advise what type of precautions Emergency Services personnel should be aware of

Information Provider / Contact Persons

This information is being provided by:

Or: () The individual named above

Name

Relationship to the Special Needs Person

Address

City

State

ZIP

Home Phone

Alternate Phone