

Champaign County Emergency Services Premise Alert Form

Requested Premise Alert Entry Information:

Address:

Name:

Information to be shared with emergency responders (physical or mental conditions, bedroom locations in the house for evacuation purposes, etc.):

Emergency Contact Information:

Contact #1 Name: Phone:

Contact #2 Name: Phone:

Contact #3 Name: Phone:

Person completing this application:

Name:

Phone:

Mailing Address:

Email Address:

Office Use Only

Date received:

Date entered:

Initials:

Disaster Planning:

- In case of disaster, will this person need assistance in evacuating the residence?
YES NO
- If YES, will a caregiver/spouse/companion accompany this person?
YES NO
- Are there any service animals to evacuate with this person?
YES NO
- Does this person have evacuation transportation?
YES NO
- Please check any condition that applies to this person:

Uses wheelchair	<input type="checkbox"/>	Non-English speaker	<input type="checkbox"/>
Bedridden	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>
Contagious disease	<input type="checkbox"/>	Visually impaired	<input type="checkbox"/>
Oxygen or medical equipment requiring electricity	<input type="checkbox"/>	Deaf/Hard of Hearing	<input type="checkbox"/>
- Gender Male Female

I authorize Champaign County Emergency Management and METCAD to relay this information to public safety agencies for use in responding to incidents at the address listed above. I understand this information will remain on file for a period of two (2) years from the date entered. I agree to submit a new form if the information contained in this application changes. I understand that participation in this program will not result in preferential treatment.

Printed Name

Signature

Please return form to METCAD 9-1-1, 1905 E. Main Street, Urbana, IL 61802
www.champaigncountymema.org www.metcad911.org

Office Use Only

Contact made? YES NO

Evacuation needed? YES NO Completed? YES NO

Relocated to what address?