

Pleasantview Fire Protection District

Resident Emergency Information Form

****All information provided is confidential for emergency service personnel only and is in accordance with (430 ILCS 132/) Illinois Premise Alert Program (PAP) Act.****

Resident #1: Name (First) _____ (Last) _____

Resident #2: Name (First) _____ (Last) _____

Address: _____ Apt /Lot# _____ City _____

Telephone: Home () _____

Resident #1 Business/work () _____ Resident #2 Business/work () _____

Resident #1 Cell () _____ Resident #2 Cell () _____

Owner name: **(if different than above)**

(First) _____ (Last) _____

Address: City/State/Zip _____

Telephone: Home () _____ Business () _____ Cell () _____

Keyholder Information

(Family or neighbors, living nearby, who have keys to your home in an emergency)

Do you have an exterior key lock box? Yes/No If yes, where is it located? _____

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City/Zip _____ City/Zip _____ City/Zip _____

Phone () _____ Phone () _____ Phone () _____

Cell () _____ Cell () _____ Cell () _____

General Information

The house is how many stories (not including basement)? _____ Basement: (Yes/No)? _____

Do you have a private fire alarm system? _____ If yes: Fire alarm company name: _____

Phone: _____ Account # _____ Reset Code _____

(Reset codes are needed in the event that you are not home and we need to silence the alarm)

Where is the alarm panel located? (please be exact) _____

Do you have a fire sprinkler system? _____ Where is the water shut off for the sprinkler? _____

- ***Additional information on back*** -

September 2010

Special Information

Name of occupant(s) Date of birth Special needs/Disabilities? Where does everyone sleep?
Please list **ALL** members (Please provide details) (include outside window locations)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

Note: The provision of special needs information will not result in preferential treatment.

Can we find you?

Where is your address posted on your property (please be exact) _____

Hazards to Emergency Responders

Any dogs on premises? _____ Name(s) _____

Any dangerous/exotic pets? Type: _____

Indoor or in-ground pool? _____ (location if indoor) _____

Any dangerous chemicals (other than normal household supplies) stored in your home? If yes, please list them below:

Name	Approximate amount
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Upon completion of this form, please return to: Pleasantview Fire Protection District
ATTN: Communications
1970 Plainfield Rd
La Grange Highlands, IL 60525

Visit us at www.plvw.org

I attest that the information provided on this form is accurate and true. I understand that the information provided on this form will be entered into the Computer Aided Dispatch system and is valid for two years. I also understand that it is my responsibility to update the information if there are any changes. I also understand that a failure to sign this form will result in the information not being recorded.

Signature _____ Date _____ Affiliation to location: _____
(Owner, Occupant, Neighbor, etc)

Print Name: _____