

## SPECIAL NEEDS REGISTRY

When you call 911 from a wire line phone, Ottawa 911 PSAP Emergency Telephone displays your name, address and telephone number. (A wire line phone is a phone that has a wire from a telephone pole to your home)

Completing this form will alert the 911 Dispatcher that you or someone else living in your household has a medical condition or disability. This information helps the 911 dispatcher to provide the appropriate emergency help. This information will be displayed at the 911 answering point, but, only when you call 911.



In the event of a current emergency. DO NOT use this form. Please call 911 immediately.

Return completed: City of Ottawa 911  
form to: 301 W. Lafayette St.  
Ottawa, IL 61350

## City of Ottawa 911

Special Needs

Premise Alert Program



Alert 911 to your  
Special Needs

Phone: 815-433-2131  
Fax: 815-433-4600

## Should I complete this form?

You should complete this form if you want your police department, fire department, ambulance or other emergency response agencies to know about medical conditions or disabilities when you call 911 in an emergency.

### How Does The Special Needs Registry Work When I Call 911?

The information you provide here will be visible to the dispatcher when you dial 911 from your telephone. Having this information allows them to provide the best course of action to you in an emergency. *(This information is kept Confidential beyond its intended emergency service use.)*

### What is not Covered by this Special Needs Registry?

This service is not available for cell or internet phones/VoIP Phones.

### How Long Does My Information Stay in the 911 System?

The information that you provide will be put into the 911 system and will stay there for a year unless you request that it be changed or moved. It is your responsibility to notify us when there is a change in the condition described in this form. When there is a change, please send us an updated form. Additional forms can be downloaded at [www.ottawapoliceandfire.com](http://www.ottawapoliceandfire.com)

Phone: (815) 433-2131 Fax at (815) 433-4600.

**Complete the following form. Please describe important medical or disability information about yourself to assist First Responders, i.e. Police, Fire and EMS.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Do you require the use of TDD? (Telecommunications Device for Deaf) Check YES \_\_\_ or NO \_\_\_**

**Please check any conditions that apply:**

\_\_\_ Blind/Partially Sighted \_\_\_ Deaf/Hard of Hearing \_\_\_ Using Oxygen

\_\_\_ Heart Condition \_\_\_ Strokes \_\_\_ Seizures

\_\_\_ Wheel Chair User \_\_\_ Difficulty Speaking \_\_\_ Asthma

Other \_\_\_\_\_

Any additional information that you would like to provide that would aid 911. \_\_\_\_\_

## City of Ottawa Premise Alert Program

**By completing and signing below, you are acknowledging the following and verifying the information provided:**

1. By participating in this program the participant acknowledges that this provision of special needs information **will not result in preferential treatment.**
  
2. All information entered into the Premise Alert Program database **must** be updated every two (2) years or when such information changes, this is to be completed by the participant or their designee.
  
3. This program is completely voluntary.
  
4. The information gathered as part of the Premise Alert Program shall remain strictly confidential. The information shall only be used to provide assistance to emergency medical, fire and law enforcement responders.
  
5. The information provided will be disseminated to the emergency responders in a variety of communications technologies; this will include but not limited to the following:
  - a. Radio Communications
  - b. Computer communications
  - c. Telephone Technology
  - d. Other communications technologies as utilized

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Signature

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Date