

Early Notification Registration Form

Name _____
(First) (Middle) (Last)

Address _____
(City)

Date of Birth _____ Sex M / F
MM / DD / YY

Phone _____
(Home) (Cell)

College Student? Yes / No If so, where _____

Please check any of the following conditions that apply:

- | | |
|---|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Deaf / Hard of Hearing |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Physical Disability (explain) |
| <input type="checkbox"/> Other (explain) | |

Please provide a brief description of the information you wish responding police officers to be made aware of when responding to your residence.

***** This form is available in an alternate format if necessary *****

Registration Agreement

By registering into this program, I also agree to the following terms/conditions:

- 1) I authorize the information provided to be entered into the McLean County Law Enforcement Early Notification databases.
- 2) I understand that providing this information is voluntary on my part.
- 3) I understand that the Town of Normal, City of Bloomington, County of McLean, all Other Police Agencies in Mclean County, and MetCom intend to use this information to assist their employees and officers in responding to police calls for service.
- 4) I understand that providing this information does not obligate the Town of Normal, City of Bloomington, County of McLean, all other Police Agencies in McLean County, MetCom or its agents, employees and officers in any manner.
- 5) I hereby release and waive any claim that I may have or that may arise against the Town of Normal, City of Bloomington, County of McLean, all other Police Agencies in McLean County, and MetCom, their officers, employees or agents as a result of the use or further transmission of this information, or the failure to provide this information, or the failure to act in accordance with this information. I further agree to hold the Town of Normal, City of Bloomington, County of McLean, all other Police Agencies in McLean County, and MetCom, their officers, employees or agents harmless from any damages caused as a result of the use or failure to use this information.
- 6) I understand that I may have this information removed from the database any time by submitting a request in writing.

Name

Date

If you are a parent or court appointed legal guardian of the person being registered, please sign below.

Name

Date

I am the, legal guardian
 parent of _____