

KENNETH H. KESSLER
Mayor

RAYMOND J. ROSE
Chief of Police

Village
of
Mundelein



DEPARTMENT OF POLICE



NATIONALLY ACCREDITED AGENCY

221 NORTH LAKE STREET • MUNDELEIN, ILLINOIS 60060 • PHONE (847) 968-4600

By completing this permission slip, information about your special needs will be placed on file with the Mundelein Police Department Communications Center and will enable emergency personnel to recognize that your call may require special handling. Your information will remain confidential and used only by Village of Mundelein Police and Fire Department personnel and conforms to Illinois Public Act 96-0788. The provision of special needs information will not result in preferential treatment. **The following agencies will have access to this information:** Mundelein Police Department, Mundelein Fire Department, and Countryside Fire Protection District

Please Print Legibly New Change Information Remove Information

Date: _____
Name: _____ Date of Birth: _____
Gender: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
Residential address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____
Place of Employment/Educational Facility (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Special Needs Information: _____

This information will be kept on file for a period not to exceed one (1) year. I also understand that if any of the above information changes I must notify the Mundelein Police Department by filing an amended request form. The information will expire one (1) year from the date it is received by the Mundelein Police Department, and I must renew the form annually if I want the information to remain in the database.

By signing and submitting this request form, I hereby give my permission for my name and phone number to be released to the emergency and law enforcement agencies mentioned above. I understand this information will remain confidential and used only by the police, fire, EMS and 9-1-1 personnel that serve the Village of Mundelein.

Print Name: _____ Relationship: _____
Signed: _____ Date: _____

*Please return the completed form to: Mundelein Police Department, Attention: Communications Supervisor,
221 North Lake Street, Mundelein, IL 60060 Fax: 847-968-3756*
"Community Focused - Community Committed"
PRIDE • QUALITY SERVICE • INTEGRITY