



**TOWNSHIP OF UPPER PROVIDENCE  
DEPARTMENT OF FIRE AND EMERGENCY SERVICES**

1286 BLACK ROCK ROAD  
PHOENIXVILLE, PA 19460

[www.uprov-montco.org](http://www.uprov-montco.org)

PHONE: 610-933-9179

FAX: 484-391-2380

Please help us help you by detailing specific information about your business on this form. This form will enable emergency responders to have your emergency contact information available in the event of an emergency after normal business hours. Once completed, please email to the Department of Fire & Emergency Services at [DFES@uprov-montco.org](mailto:DFES@uprov-montco.org).

**BUSINESS NAME/ BUSINESS USE:** \_\_\_\_\_

**BUSINESS PHYSICAL ADDRESS:** \_\_\_\_\_

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACTS**

**1. NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **MOBILE NUMBER:** \_\_\_\_\_

\_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**2. NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **MOBILE NUMBER:** \_\_\_\_\_

\_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**3. NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **MOBILE NUMBER:** \_\_\_\_\_

\_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**HOURS OF OPERATION:** \_\_\_\_\_

**NUMBER OF EMPLOYEES PER SHIFT: DAY:** \_\_\_\_\_ **EVENING:** \_\_\_\_\_ **OVERNIGHT:** \_\_\_\_\_

**HANDICAPPED/SPECIAL NEEDS EMPLOYEES:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**COMMENTS:**

Once completed – email this information to [DFES@uprov-montco.org](mailto:DFES@uprov-montco.org)

**NOTE: INSPECTION FEE WILL BE MAILED BY 3<sup>RD</sup> PARTY BILLING COMPANY: PA FIRE RECOVERY**