

**UPPER PROVIDENCE TOWNSHIP
DEPARTMENT OF FIRE & EMERGENCY SERVICES
EMERGENCY CONTACT FORM**

BUSINESS NAME/ BUSINESS USE: _____

LOCATION OF BUSINESS (ADDRESS): _____

BUSINESS MAILING ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

EMERGENCY CONTACT PERSON (S)

1. NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **MOBILE NUMBER:** _____

_____ **PAGER NUMBER:** _____

2. NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **MOBILE NUMBER:** _____

_____ **PAGER NUMBER:** _____

3. NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **MOBILE NUMBER:** _____

_____ **PAGER NUMBER:** _____

KNOX BOX LOCATION: _____

ALARM SYSTEM: YES NO **ALARM COMPANY:** _____

SILENT AUDIBLE **ALARM COMPANY PHONE NUMBER:** _____

ALARM TYPES: SECURITY HOLD-UP PANIC MEDICAL FIRE WATERFLOW

OTHER/SPECIFY: _____

LOCATION OF ALARM PANEL(S): _____

24 HOUR GUARDS ON LOCATION: YES NO **GUARD DOGS/ANIMALS:** YES NO

HOURS OF OPERATION: _____

NUMBER OF EMPLOYEES PER SHIFT: DAY: _____ EVENING: _____ OVERNIGHT: _____

HANDICAPPED/SPECIAL NEEDS EMPLOYEES: _____ **LOCATION:** _____

COMMENTS: _____

Once Completed You Can Fax This Information to the Fire Marshal's Office at 484-391-2380