

# ***Lower Southampton Township***

## ***Office of the Fire Marshal***

### ***ANNUAL COMMERCIAL ACCOUNTABILITY REGISTRATION FORM***

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*1500 Desire Ave. Feasterville, Pa. 19053 215-357-7300 ext.311 Fax 215-357-6036*

**THIS FORM SHALL BE COMPLETED IN FULL AND LEGIBLE. ILLEGIBLE FORMS WILL NOT BE ACCEPTED.**

**IF ANY OF THIS INFORMATION SHOULD CHANGE, CONTACT THE FIRE MARSHAL'S OFFICE.**

Today's Date: \_\_\_\_\_ Form completed by: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Mailing Address of Business: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Owners Home Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

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Property Owners Name: \_\_\_\_\_

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

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

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Emergency Contact Information (Place in priority order-Closest person first)

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

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

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

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Fire Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Fire Alarm Monitor Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Sprinkler Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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FOR OFFICE USE ONLY

Date faxed to communications: \_\_\_\_\_ Sent By: \_\_\_\_\_