

Lower Southampton Township

Office of the Fire Marshal

ANNUAL COMMERCIAL ACCOUNTABILITY REGISTRATION FORM

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: _____ Email Address: _____

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: _____

Property Owners Name: _____

Address: _____

Phone Number: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Fire Alarm Company: _____ Phone: _____

Fire Alarm Monitor Provider: _____ Phone: _____

Sprinkler Company: _____ Phone: _____

FOR OFFICE USE ONLY

Date faxed to communications: _____ Sent By: _____