

PREMISE HISTORY FORM
Special Needs Address Request

ADDRESS: _____

RESIDENCE NAME: _____

RESIDENCE PHONE: _____

REASON FOR PREMISE WARNING (NAME, AGE, NATURE OF CONDITION):
BRIEF DESCRIPTION:

LENGTH OF TIME PREMISE WARNING TO BE IN EFFECT: _____

WHERE THEY ARE LOCATED IN RESIDENCE:

DAYTIME: _____

NIGHT: _____

PROBLEM/SITUATIONS: _____

AUTHORIZED BY: _____ Date: _____

(POLICE/FIRE/EMS (INTERNAL USE ONLY))

AFTER FILLED OUT PLEASE SEND TO:

Lower Southampton Township
Fire Marshal's Office
1500 Desire Ave
Feasterville, PA.19053
Fax 215-357-6036
tclark@lstwp.org