

BUREAU OF FIRE PREVENTION

Business Name: _____

Address: _____

Telephone #: _____

I. OWNERSHIP INFORMATION

1. Name of Business Owner: _____

2. Address of Business Owner: _____

3. Phone # of Business Owner: _____

4. Name of Property Owner: _____

5. Address of Property Owner: _____

6. Phone # of Property Owner: _____

7. Officers of Business: (If Applicable)

NAME

ADDRESS

II. BUSINESS INFORMATION

1. Type of Business: _____

2. Fire Insurance Carrier: _____

Policy Number: _____ Policy Amount: _____

3. Number of Employees: Full Time _____ Part Time _____

4. Floor Area of Business: _____ Square Feet

III. EMERGENCY INFORMATION

This information will be kept on file with the Police Dispatcher and the Emergency Management Office in the event of a problem at your business after hours. Please list at least two names, preferably those with keys and close enough to come out if needed by police or fire officials.

NAME _____ TELEPHONE NUMBER _____

NAME _____ TELEPHONE NUMBER _____

NAME _____ TELEPHONE NUMBER _____

I hereby certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge, and are made in good faith.

SIGNATURE

NAME

DATE

**TOWNSHIP OF LAWRENCE
BUREAU OF FIRE PREVENTION
EMERGENCY INFORMATION FORM**

Name of Business: _____

Address: _____

Telephone #: _____

PART I: Hazardous Materials Inventory (if applicable)

Please list below any hazardous or toxic substances which are stored, manufactured, or utilized by your business. If you need more space, or have a listing of your own, please submit along with this form.

	MATERIAL NAME	QUANTITY	WHERE STORED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

PART II: Alarm Information

Is the property alarmed?: Yes No Type of alarm system: Burglar _____ Fire _____ Other _____ (Please Specify)

Name & Address of alarm service company:

Alarm company telephone number: _____

EMERGENCY CONTACTS

Name _____ Telephone _____

Name _____ Telephone _____