



**WARRINGTON TOWNSHIP
FIRE MARSHAL'S OFFICE**

3400 Pickertown Road, Chalfont, PA 18914
215-997-7501 ■ FAX 215-997-7539

To: Warrington Township Business Owners and Operators
From: The Warrington Township Fire Marshals Office
Subject: Emergency Listings

The Warrington Township Emergency Service Units would like to take a moment of your valuable time to assist us in updating our files. Attached you will find a form, which must be filled out and returned to the code enforcement office within five (5) days of receipt of this letter. This form can be mailed or faxed to the above address.

This important information will be kept confidential and will be used only by the Police and Fire Departments in the event of an incident at your facility. The information will help us to provide efficient and timely service in contacting you or someone on your staff in the event of an emergency. We would appreciate your continued support and help in this project by providing us with any changes or updates as they occur.

Remember, this information is provided to us so that we can help you in your time of need. Please be advised that 9-1-1 is to be used in an emergency. Should you require **non-emergency** services in Warrington Township, please call following numbers:

Ambulance: #215-343-0544
Fire: #215-343-1660
Police: #215-343-3311

If you should have any questions regarding this or any other matter concerning emergency services, you can call 215-997-7501. Thank you in advance for your help and cooperation in this matter.

Warrington Township Emergency Services
Emergency Only Dial 9-1-1



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Property Information

Tenant Information

Business Name: _____ Business Phone#: _____

Business Address: _____ Fax #: _____

City/State/Zip: _____

Website: _____

Knox Box: YES NO

Knox Box Location: _____

Tenant Contact

Name: _____ Business Phone#: _____

Mailing Address: _____ Fax #: _____

City/State/Zip: _____ Email: _____

Home#: _____ Cell#: _____

Emergency Contact

1) Name: _____ Phone#: _____

Address: _____ Cell#: _____

City/State/Zip: _____ Email: _____

2) Name: _____ Phone#: _____

Address: _____ Cell#: _____

City/State/Zip: _____ Email: _____

3) Name: _____ Phone#: _____

Address: _____ Cell#: _____

City/State/Zip: _____ Email: _____

Owner & Contacts

Owner Information

Owner Name: _____ Phone#: _____

Owner Address: _____ Cell#: _____

City/State/Zip: _____ Email: _____

Owner Contact Information

Contact Name: _____ Phone#: _____

Contact Address: _____ Cell#: _____

City/State/Zip: _____ Email: _____

Emergency Information

Name: _____ Phone#: _____

Address: _____ Cell#: _____

City/State/Zip: _____ Email: _____

Director of Facilities/ Maintenance

Name: _____ Phone#: _____

Address: _____ Cell#: _____

City/State/Zip: _____ Email: _____

Occupancy

Occupancy: _____ Occupancy Load: _____

Max. Number of Occupants (Employees): _____

Max. Number of Occupants (Residents): _____

Special Concerns: _____

Emergency Listing

Nightlight Location(s): _____

Safe Location: _____

Alarm Panel Location: _____

Alarm Company: _____

Alarm Co. Phone #: _____

Type of Alarm: (Check All that apply) Fire Burglar Other

Explain: _____

Additional Information: _____

Date Filed: _____

Submitted by: _____

Please keep us notified of any changes.