



**LOWER PROVIDENCE TOWNSHIP
EMERGENCY MANAGEMENT & PLANNING**

100 PARKLANE DRIVE, EAGLEVILLE, PA 19403
OFFICE: (610) 539-5900 FAX: (610) 630-2219
WWW.LOWERPROVIDENCE.ORG



BUSINESS EMERGENCY CONTACT FORM

The following information is needed in order to update our Emergency Listing. Please notify us in the event of any changes in the information. Please neatly print or type all information. Additional information may be listed on the reverse side.

BUSINESS INFORMATION

| | |
|---------------------------------|------------------------------|
| BUSINESS LICENSE NAME: _____ | DATE FILED: _____ |
| DOING BUSINESS AS (DBA): _____ | # OF EMPLOYEES: _____ |
| STREET ADDRESS: _____ | PHONE: _____ |
| SUITE: _____ | FAX: _____ |
| CITY, STATE, ZIP: _____ | |
| WEB ADDRESS: _____ | |
| KEY LOCK BOX: YES [], NO [] | KEY LOCK BOX LOCATION: _____ |
| SECURITY ALARM: YES [], NO [] | |
| FIRE ALARM: YES [], NO [] | |
| HOLD UP ALARM: YES [], NO [] | |

BUSINESS OWNER INFORMATION

| | |
|----------------------------|----------------|
| BUSINESS OWNER NAME: _____ | PHONE: _____ |
| MAILING ADDRESS: _____ | FAX: _____ |
| CITY, STATE, ZIP: _____ | CELL: _____ |
| EMAIL ADDRESS: _____ | WEBSITE: _____ |

BUSINESS BILLING/CORRESPONDENCE INFORMATION (COMPLETE IF DIFFERENT FROM ABOVE)

| | |
|-------------------------|----------------|
| BILLING NAME: _____ | PHONE: _____ |
| ATTENTION: _____ | FAX: _____ |
| BILLING ADDRESS: _____ | CELL: _____ |
| CITY, STATE, ZIP: _____ | |
| EMAIL ADDRESS: _____ | WEBSITE: _____ |

PROPERTY OWNER INFORMATION

| | |
|----------------------------|----------------|
| PROPERTY OWNER NAME: _____ | PHONE: _____ |
| MAILING ADDRESS: _____ | FAX: _____ |
| CITY, STATE, ZIP: _____ | CELL: _____ |
| EMAIL ADDRESS: _____ | WEBSITE: _____ |

EMERGENCY CONTACT INFORMATION (List three persons who are authorized to respond in an emergency, with a key to the building.)

| | |
|-----------------------------|--------------|
| 1. PERSONS NAME: _____ | PHONE: _____ |
| RELATION TO BUSINESS: _____ | FAX: _____ |
| ADDRESS: _____ | CELL: _____ |
| CITY, STATE, ZIP: _____ | PAGER: _____ |
| EMAIL ADDRESS: _____ | |
| 2. PERSONS NAME: _____ | PHONE: _____ |
| RELATION TO BUSINESS: _____ | FAX: _____ |
| ADDRESS: _____ | CELL: _____ |
| CITY, STATE, ZIP: _____ | PAGER: _____ |
| EMAIL ADDRESS: _____ | |
| 3. PERSONS NAME: _____ | PHONE: _____ |
| RELATION TO BUSINESS: _____ | FAX: _____ |
| ADDRESS: _____ | CELL: _____ |
| CITY, STATE, ZIP: _____ | PAGER: _____ |
| EMAIL ADDRESS: _____ | |

EMERGENCY MANAGEMENT AND PLANNING USE ONLY

| | | |
|------------|------------|-----------------|
| GIS: _____ | 911: _____ | Dispatch: _____ |
|------------|------------|-----------------|