

LIMERICK TOWNSHIP

FIRE, SAFETY, AND CODE DEPARTMENT

646 WEST RIDGE PIKE
LIMERICK, PENNSYLVANIA 19468

ADMINISTRATION OFFICES

PHONE: (610) 495-6432

FAX: (610) 495-0952

EMERGENCY: 911

www.limerickpa.org

GREGORY R. BREYER
CHIEF OF FIRE SAFETY

REGISTRATION OF ALARM SYSTEMS

Residential _____ Non-Residential _____

Police _____ Fire _____ Medical _____

Owner:

Address:

Phone No.:

Installer:

Address:

Phone No. _____ Fax No. _____

Address where alarm is to be installed: _____

Emergency Contact: _____

Date of Installation: _____ Cost of Installation: _____

Make of System: _____

NOTE: Violations and penalties shall be in accordance with the applicable provisions of the Second Class Township Code and the Limerick Township Code.

I, the undersigned, understand, and agree to be responsible for the above false alarm fee.

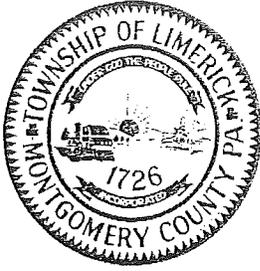
Signature of Applicant

Print Name

Approval: _____ Date: _____

Chief of Fire Safety

Fee: \$30.00 Check No.: _____ Cash: _____



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LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM

Establishment Contact Information

Name of Establishment			
Type of Establishment	<input type="checkbox"/> Retail <input type="checkbox"/> Educational <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____		
Street Number / Name			
Suite / Tenant Number			
Town / Zip Code	<input type="checkbox"/> Limerick/Royersford/Linfield <input type="checkbox"/> Pottstown <input type="checkbox"/> Schwenksville		
Phone #		Fax #	
Email			

24 – Hour Emergency Contact Information (Primary)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

24 – Hour Emergency Contact Information (Alternate)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

Alarm Company Information (If Applicable)

Name of Company		Phone #	
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Property Management Information (If Applicable)

Name of Company		Phone #	
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Knox Box Information

Knox Box	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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