



Upper Allen Township

Annual Fire Safety Inspection Registration

This registration form is comprised of five short sections:

Section 1 - *Property Owner* Information (Note: may be different than *Business Owner* Information)

Section 2 - Business basic information

Section 3 - Business emergency information

Section 4 - Business inspection information

Section 5 - Additional information & questions

It is important that you click the "Submit" button at the end of Section 5 for your responses to be recorded.

This information will be used by the Fire Marshal to establish business contact information and schedule annual inspections. The information will also be provided to the Upper Allen Fire Department to aid in pre-planning for emergency response situations at or in the vicinity of your business.

* Required

Property Owner Information

Summary of information about the **owner of the *property*** the business is located on.

1. Name of Property Owner: *

2. Property Owner's Address: *

3. Property Owner's Phone Number (include area code): *

4. Property Owner's Email Address: *

Business Information

Basic summary of information about your business.

5. Business Name: *

6. Business Address: *

7. Business **Mailing** Address (if different from the physical address):

8. Business Phone Number (include area code): *

9. Business Email Address: *

10. Type of Business: *

11. Business Hours of Operation: *

12. Name of Business Owner: *

13. Business Owner Phone Number (include area code): *

14. Business Owner Email Address: *

Business Inspection Information

Summary of contact and scheduling preferences for annual inspections.

NOTE: Your inspection contact should be someone who is familiar with the fire and safety systems of your facility and can be onsite to accompany the Fire Marshal and answer questions during the inspection.

15. Name of Primary Contact for Inspection Scheduling & Follow-up: *

16. Inspection Contact Phone Number (include area code): *

17. Inspection Contact Email Address: *

18. Please list general date/time range preferences for scheduling your annual inspection: *

Business Emergency Information

Summary of emergency contacts and services for your business.

19. Please list the PRIMARY emergency contact for your business (Name, Phone Number, Email Address): *

20. Please list the SECONDARY emergency contact for your business (Name, Phone Number, Email Address): *

21. Please list the TERTIARY emergency contact for your business (Name, Phone Number, Email Address):

Additional Information & Questions:

Any additional information you wish to share with the Fire Marshal or questions you may have.

22. Do you have any additional information to share? *

23. Do you have any questions? *

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