

Email Address:

## **BENSALEM TOWNSHIP**

Department Of Public Safety

FIRE RESCUE DEPARTMENT

2400 Byberry Road - Bensalem, Pa 19020 Phone: 215-633-3617 - Fax: 215-633-3662

<b>BUSINESS INFORMATION/ EM</b>	IERGENCY CONTACT FO	RM DATE FILED:	
	n is needed in order to update you Please neatly print or type ase notify us in the event of any c		
OCCUPANT INFORMATION			
Business Name (as displayed):			
Property Address:		Suite:	
		Fax Number:	
Email Address:		Website:	
Fire Alarm System: Yes	No Fire Alarm Reset Code:		
Fire Alarm Company Name & Phor	e Number:		
Security Alarm: Yes	No		
BUSINESS OWNER INFORMA	TION		
Business Name (corporate name if diffe	-		
Business Owner Name:		Phone Number:	
Mailing Address:		Cell Phone:	
		mail Address:	
BUSINESS BILLING/CORRES	PONDENCE INFORMATIO	 N	
		Phone Number:	
		City State ZIP:	
EMERGENCY CONTACT/KEY List persons who are authorized to resp		to the building.	
1 <sup>st</sup> Contact Name:		Title:	
Cell Phone:	Work Phone:	Home Phone:	
Email Address:			
		Title:	
		Home Phone:	
Email Address:			
		Title:	
Cell Phone:			

Bensalem Fire Rescue ~ 2400 Byberry Road ~ Bensalem PA 19020