



Shaun Semmeles
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LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM

DATE: _____

Establishment Contact Information				
Name of Establishment				
Type of Establishment	<input type="radio"/> Retail	<input type="radio"/> Residential	<input type="radio"/> Industrial	<input type="radio"/> Other _____
Address Line 1				
Address Line 2 / Suite #				
City, State	ZIP			
Phone #	Fax #			
Email				

24-Hour Emergency Contact (Primary)			
Name of Emergency Contact			
Address			
City, State	ZIP		
Phone # (Primary)	Phone # (Alternate)		

24-Hour Emergency Contact (Alternate)			
Name of Emergency Contact			
Address			
City, State	ZIP		
Phone # (Primary)	Phone # (Alternate)		

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

Knox Box Information (If Applicable)			
Knox Box <input type="radio"/> Yes <input type="radio"/> No	Location		

BILLING INFORMATION

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____