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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 _____