



LIMERICK TOWNSHIP

DEPARTMENT OF EMERGENCY SERVICES

646 WEST RIDGE PIKE LIMERICK,
PENNSYLVANIA 19468

Administration Office
Office: 610-495-6432
Fax: 610-495-0952
Emergency: 911

Gregory R. Breyer
Director/Fire Marshal/EMC

LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM

INSTRUCTIONS

Limerick Township is currently in the process of updating both our inter-departmental record system and the *Montgomery County Emergency Communications Center (911 System)* computer database for all business properties in our Township. To help us accomplish this, we need your assistance by filling out the form below.

1. Please complete **ALL** required information.
2. Print or type legibly.
3. If your business is in a shopping center, you should have a specific address to differentiate it from the other stores. Please provide the “**Specific Address**” in the Commercial Establishment Address section. The shopping center name is not necessary.
4. If your business is in a shopping center, office building, or contains multiple occupancies you should have a street address and specific suite number to differentiate it from other businesses. Please provide the “**Street Address and Specific Suite Number**” in the Commercial Establishment Address section.
5. Please provide the information shown in the “**Primary and Alternate**” contact information.
6. If your business does not have an alarm system, please write “**No Alarm**” in the Alarm Company Information section.
7. Indicate if this establishment has a Key Box (Knox Box).

Please drop off, fax, email or mail your completed form to the following:

**Limerick Township
646 W. Ridge Pike
Limerick, PA 19468
Attention: Michael Latshaw**

If you have any questions contact Michael Latshaw at 610-495-6432 ext. 160 or mlatshaw@limerickpa.org. Thank you for your time and cooperation with this matter.



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LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM DATE: _____

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	Location:	
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