



LIMERICK TOWNSHIP

DEPARTMENT OF EMERGENCY SERVICES

646 WEST RIDGE PIKE LIMERICK,
PENNSYLVANIA 19468

ADMINISTRATION OFFICES

PHONE: (610) 495-6432

FAX: (610) 495-0952

EMERGENCY: 911

www.limerickpa.org

Michael Latshaw

Fire Marshal

Shaun Semmeles

Assistant Fire Marshal / EM
Coordinator

LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM

Instructions

Limerick Township is currently in the process of updating both our inter-department 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 **Knox Box**. If you are unsure if your establishment has one, please contact the property owner, landlord, property management company, or Limerick Township.

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

**Limerick Township
646 W. Ridge Pike
Limerick, PA 19468
Fax: 610-495-0952**

If you have any questions, please contact 610-495-6432

Thank you for your time and cooperation with this matter.



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LIMERICK TOWNSHIP EMERGENCY CONTACT 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:		
Address			
Suite/Tenant Number			
City, State, Zip Code			
Phone/Cell Number		Fax #	
Email Address			

24-Hour Primary Emergency Contact Information

Name of Emergency Contact			
Address			
City, State, Zip Code			
Phone Number (Home)		Cell #	

24-Hour Alternate Emergency Contact Information

Name of Emergency Contact			
Address			
City, State, Zip Code			
Phone Number (Home)		Cell #	

Alarm Company 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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