



Shaun Semmeles
Fire Marshal/Emergency Management Coordinator
SSemmeles@LimerickPA.org
Administration 610.495.6432
Police 610.495.7909
FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

LIMERICK TOWNSHIP FIRE MARSHAL'S OFFICE EMERGENCY CONTACT INFORMATION FORM

INSTRUCTIONS

The Limerick Township Fire Marshal's office strives to maintain a positive working relationship with all residents and businesses in Limerick Township. In order to maintain that positive relationship and notify business owners or staff of emergencies during off hours, please complete the following form.

**In order to provide a timely response in the event of an emergency,
please ensure that all staff are aware of the proper address for your business.**

1. 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. The shopping center name is not necessary.
2. Please be sure to provide primary and alternate contacts who are familiar with the business, it's systems and alarm system (if applicable).
3. If your business does not have an alarm system, please indicate that in the Alarm Company Information section.
4. Please indicate if the business has a Knox Box.

Please drop off, fax, email or mail your completed form to the address listed below:

**Limerick Township
646 W. Ridge Pike
Limerick, PA 19468
Attention: Mike Sharkey**

If you have any questions, contact the Fire Marshal's office at 610-495-6432
or e-mail MSharkey@Limerickpa.org



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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			
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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Billing Information

Name _____			
Address _____	City _____	State _____	Zip _____
Phone _____			