



ANNUAL REGISTRATION RENEWAL DOCUMENT

NORTH LEBANON TOWNSHIP KNOX BOX

IMMEDIATE notification of any/all revisions of information pertaining to Emergency Responses for this facility should be made to NORTH LEBANON TOWNSHIP office throughout the coming year.

****Most importantly information changes regarding the contact people or phone number(s)
(24 hr. availability).**

FACILITY CLASSIFICATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Residential, Single Family | <input type="checkbox"/> Residential, Commercial | <input type="checkbox"/> Public Facility
(Churches, Schools, Medical) |
| <input type="checkbox"/> Commercial, Retail | <input type="checkbox"/> Commercial, Non-Retail | <input type="checkbox"/> Industrial |

PROPERTY ADDRESS: _____

Business Name: _____

Contact Name: _____ Telephone (____) _____

Emergency numbers 24/7

Alternate Contact: _____ Telephone (____) _____

EMAIL address: _____

Occupied Units: _____; # Structures on property: _____; # Keys required in Knox Box: _____

COMPLETE THE FOLLOWING ONLY IF APPLICABLE

Placarded materials stored on site: YES NO

If YES, attach list of placarded materials to form.

Operational automatic fire suppression system YES NO

If other than water sprinkler, describe: _____

Hours building is occupied: _____ AM to _____ PM.

On the back of this form please provide any information pertaining to this facility that you feel is important for Emergency responders to be aware of. **This includes any changes made to this/these structures since the Knox Box had been installed** (ex: building addition, additional doors installed, changes in the building footprint, chemicals or products that may be explosive in nature etc.).

Signature: _____ **Title:** _____

Print: _____ **Date:** _____

725 Kimmerlings Rd
Lebanon, PA 17046

Mon thru Fri
7:30am - 4:00pm

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(717) 273-7672 fax