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NORTH LEBANON TOWNSHIP KNOX BOX REGISTRATION

INSTRUCTIONS: All information on this application pertains to any facility within the Township that utilizes the Knox Box system and administration as outlined in *Ordinance 2-2010*. Upon completion this application will be on file in the Township office, as well as the appropriate Fire Department in North Lebanon Township.

Please complete this application providing ALL information as it applies to your property.

FACILITY CLASSIFICATION

- Residential, Single Family Residential, Commercial Public Facility
(Churches, Schools, Medical)
- Commercial, Retail Commercial, Non-Retail Industrial

PROPERTY ADDRESS: _____

BusinessName: _____

Contact Name: _____ Telephone (____) _____

Alternate Contact: _____ Telephone (____) _____

Emergency numbers 24/7

EMAIL address: _____

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

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.

Property Owner Signature: _____ **Date:** _____

North Lebanon Township - Office Use Only

Fee Amount Received _____ Check # _____ Date _____

Number Of Knox Box Units Ordered: _____ Date Knox Box Ordered: _____

Twp Check # Issues: _____ Confirming Twp Staff _____ Date _____