

**BOARD OF SUPERVISORS**

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**NORTH LEBANON TOWNSHIP ANNUAL KNOX® BOX RENEWAL**

**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 year.

***Most important: CONTACT PERSON CHANGES to be provided IMMEDIATELY.***

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: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Contacts MUST be available 24/7**

Email Address: \_\_\_\_\_

# of Occupied Units: \_\_\_\_\_ # of Structures on Property: \_\_\_\_\_ # of Keys in Knox® Box: \_\_\_\_\_

**Complete the Following only if Applicable**

**Placarded materials stored on site (Hazardous Material):**  Yes  No  
If Yes, attach list of placarded materials to form.

**Operational automatic fire suppression system:**  Yes  No  
If other than water sprinkler, describe: \_\_\_\_\_

**Day/Time building is occupied:** \_\_\_\_\_ - \_\_\_\_\_ (Days of week occupied Ex: Mon-Fri)  
\_\_\_\_\_ AM to \_\_\_\_\_ PM or \_\_\_\_\_ 24 Hours

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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:** \_\_\_\_\_