

**BOARD OF SUPERVISORS**

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**NORTH LEBANON TOWNSHIP KNOX® BOX REGISTRATION**

**INSTRUCTIONS:** All information on this application pertains to any facility within the Township that installs the Knox® Box Rapid Access System as regulated in *Ordinance 2-2010*. Upon completion, this application will be on file in the Township office, as well as the respective Fire Department.

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

**North Lebanon Township - Office Use Only**

Date Knox® Box Ordered: \_\_\_\_\_ Number of Knox® Box Units Ordered: \_\_\_\_\_

Confirming Township Staff: \_\_\_\_\_ Date: \_\_\_\_\_