



WARRINGTON TOWNSHIP

Emergency Services

852 Easton Road, Warrington, PA 18976
215-997-7501 ■ FAX 215-343-5944

To: Warrington Township Business Owners and Operators
From: The Warrington Township Fire Marshals Office
Subject: Emergency Listings

The Warrington Township Emergency Service Units would like to take a moment of your valuable time to assist us in updating our files. Attached you will find a form, which must be filled out and returned to the Fire Marshal's office within five (5) days of receipt of this letter. This form can be mailed or faxed to the above address or emailed to wtes@warringtontownship.org.

This important information will be kept confidential and will be used only by the Police and Fire Departments in the event of an incident at your facility. The information will help us to provide efficient and timely service in contacting you or someone on your staff in the event of an emergency. We would appreciate your continued support and help in this project by providing us with any changes or updates as they occur.

Remember, this information is provided to us so that we can help you in your time of need. Please be advised that 9-1-1 is to be used in an emergency. Should you require **non-emergency** services in Warrington Township, please call following numbers:

Ambulance: #215-343-3469
Fire: #215-997-7501 x 307
Police: #215-343-3311

If you should have any questions regarding this or any other matter concerning emergency services, you can call 215-997-7501. Thank you in advance for your help and cooperation in this matter.

Warrington Township Emergency Services
Emergency Only Dial 9-1-1



**WARRINGTON TOWNSHIP
FIRE MARSHAL'S OFFICE**
852 Easton Road, Warrington, PA 18976
215-997-7501 ■ FAX 215-343-5944

Property Information

Tenant Information

Business Name: _____ Business Phone#: _____
Business Address: _____ Fax #: _____
City/State/Zip: _____
Website: _____
Knox Box: YES NO Location: _____

Primary Contact

Name: _____ Business Phone#: _____
Mailing Address: _____ Fax#: _____
City/State/Zip: _____ Email: _____
Home#: _____ Cell#: _____

Secondary Contact(s)

1) Name: _____ Phone#: _____
Address: _____ Cell#: _____
City/State/Zip: _____ Email: _____
2) Name: _____ Phone#: _____
Address: _____ Cell#: _____
City/State/Zip: _____ Email: _____

Building Owner & Contacts

Owner Name: _____ Phone#: _____
Owner Address: _____ Cell#: _____
City/State/Zip: _____ Email: _____

Director of Facilities/ Maintenance

Name: _____ Phone#: _____
Address: _____ Cell#: _____
City/State/Zip: _____ Email: _____

Emergency Listing

Alarm Company: _____ Alarm Co. Phone #: _____

Type of Alarm: (Check All that apply) Fire Burglar Other

Additional Information: _____

Date Filed: _____ **Submitted by:** _____

Please keep us notified of any changes.