

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street

Old Zionsville, PA 18068

Phone: (610) 966 – 3223; Fax: (610) 966 – 5184

Website: www.uppermilford.net

Email: info@uppermilford.net

**FIRE ALARM REGISTRATION FORM
(No Fee Required)**

Instructions for completing registration form: 1. Complete sections 1 & 2. Sections 3, 4, & 5 are optional and not required for registration.
2. Submit registration form to the Upper Milford Township Municipal Center (address above).

1.) ALARM LOCATION:

Type of Property: Residential Commercial

Name of Registrant: _____

Phone Number: _____

Alarm Location – Street Address: _____ Ste/Apt: _____

City: _____ Zip Code: _____

2.) ALARM INFORMATION:

Name of Alarm Monitoring Company: _____

Alarm Monitoring Company Phone Number: _____

Type of Alarm: Hard-Wired Wireless Other , explain: _____

I, the undersigned, certify that all information on this form is correct and will promptly notify the Township upon any changes.

Signature of Registrant

Print Name

Date

Please Note: The following sections are optional information and are not required for registration.

3.) 24 HOUR EMERGENCY CONTACT INFORMATION (PRIMARY):

Name of Primary Emergency Contact: _____

Phone Number: _____

Street Address: _____ Ste/Apt: _____

City: _____ Zip Code: _____

Continued on back

4.) 24 HOUR EMERGENCY CONTACT INFORMATION (ALTERNATE):

Name of Alternate Emergency Contact: _____

Phone Number: _____

Street Address: _____ Ste/Apt: _____

City: _____ Zip Code: _____

5.) ADDITIONAL INFORMATION FOR BENEFIT OF FIRST RESPONDERS (CHECK ALL THAT APPLY):

- N/A
- Stored Hazardous Materials on Site
- Oxygen Tanks on Site
- Explosive Materials on Site
- Occupant(s) Require(s) Additional Assistance (i.e. seeing, hearing, walking impairment). If so, describe:

- Any Additional Information Regarding the Premises Deemed Important for First Responders:

TOWNSHIP USE ONLY:

Date Received: _____

Date Distributed to UMT Fire Companies: _____