



Allen Township Supervisors

4714 Indian Trail Road

Northampton, Pennsylvania 18067

ALLEN TOWNSHIP EMERGENCY CONTACT AND KNOX BOX INFORMATION FORM INSTRUCTIONS

Allen Township and the Allen Township Volunteer Fire Company No. 1 are currently in the process of updating our computer databases for all business properties in the Township. We need your assistance with this.

1. Please complete **ALL** required information as soon as possible.
2. Print or type legibly.
3. If your business is in a shopping center, you should have a specific address to differentiate it from other stores. Please provide the “**Specific Address**” in the Commercial Establishment Address section. The shopping center name is not necessary.
4. If your business is in a shopping center, office building, or contains multiple occupancies you should have a street address and specific suite number to differentiate it from other businesses. Please provide the “**Street Address and Specific Suite Number**” in the Commercial Establishment Address section.
5. Provide the information shown in the “**Primary and Alternate**” contact information.
6. If your business does not have an alarm system, please write “**No Alarm**” in the Alarm Company Information section.
7. Indicate if this establishment has a Key Box (Knox Box).

Please drop off, fax, email or send completed your completed form to the following:

**Allen Township
4714 Indian Trail Rd
Northampton PA 18067
Attention: Joanne Bailey**

If you have any questions contact Joanne Bailey at 610-262-7012 ext. 110 or admin2@allentownship.org. Thank you for your time and consideration with this matter.



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ALLEN TOWNSHIP EMERGENCY CONTACT AND KNOX BOX INFORMATION

Establishment Contact Information

Name of Establishment			
Type of Establishment	<input type="checkbox"/> Retail <input type="checkbox"/> Educational <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____		
Street Number / Name			
Suite / Tenant Number			
Town / Zip Code	NORTHAMPTON PA 18067		
Phone #		Fax #	
Email			

24 – Hour Emergency Contact Information (Primary)

Name of Establishment			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

24 – Hour Emergency Contact Information (Alternate)

Name of Establishment			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

Alarm Company Information (If Applicable)

Name of Company		Phone #	
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Property Management Information (If Applicable)

Name of Company		Phone #	
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Knox Box Information

Knox Box	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Building Numbering Signage (Code § 21 Part 4) Information

Compliant	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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