

700 Belvoir Rd. Plymouth Meeting, PA 19462 610-277-4100 (Ph.) 610-277-4335 (FX.) www.plymouthtownship.org

## Plymouth Township Emergency Contact Information Sheet

This form should be updated yearly or if you make staffing changes.

| I. Property Location   |                                   |          |            |                        |  |  |
|--|-----------------------------------|----------|------------|------------------------|--|--|
| Address:   |                                   | Suite:   |            | Date:                  |  |  |
| Is this location a Knox Box Location :                                 | Have you updated the keys lately: |          | Do you nee | d to schedule a drill? |  |  |
| II. Property Owners Information, if you do not own building, if known. |                                   |          |            |                        |  |  |
| Name:  |                                   | E-Mail:  |            |                        |  |  |
| Address:   |                                   | Phone #: |            |                        |  |  |
| City, State, Zip:  |                                   | Fax #:   |            |                        |  |  |
| III. Company Information, if you are not the Head Office location.     |                                   |          |            |                        |  |  |
| Name:  |                                   | E-Ma     |            |                        |  |  |
| Address:   |                                   | Phon     |            |                        |  |  |

| IV. Tenant Information, this location's Actual Company Name |            |  |  |  |
|---|------------|--|--|--|
| Name:   | Office #:  |  |  |  |
| E-mail:   | Fax #:     |  |  |  |
| Main Office Contact:  | Contact #: |  |  |  |

Fax#:

| V. Emergency Contact 1, <u>closest key holder to the property</u> . |         |  |
|---|---------|--|
| Name:   | Cell #: |  |
| Title:  | Home #: |  |
|   |         |  |

| VI. Emergency Contact 2. |         |  |  |
|--------------------------|---------|--|--|
| Name:                    | Cell #: |  |  |
| Title:                   | Home #: |  |  |

| VII. Emergency Contact 3. |         |  |  |  |
|---------------------------|---------|--|--|--|
| Name:                     | Cell #: |  |  |  |
| Title:                    | Home #: |  |  |  |

City, State, Zip: