



FIRE DEPT USE ONLY	
REG ID:	_____
DATE REG:	_____

VOORHEES TOWNSHIP FIRE DEPARTMENT
FIRE SAFETY REGISTRATION FORM / C.O. APPLICATION

PLEASE COMPLETE THIS FORM IN DETAIL AND RETURN TO VOORHEES FIRE DISTRICT WITHIN THIRTY (30) DAYS

EMAIL: REGISTRATIONS@VTFD66.ORG

PHONE: (856) 783-6630 x 4049

A. BUSINESS INFORMATION:

BUSINESS NAME: _____

ADDRESS OF PROPERTY: _____

CITY/STATE/ZIP CODE: _____

EMAIL ADDRESS: _____ **BUSINESS PHONE:()** _____

MANAGER NAME/ PHONE#: _____ () _____
 (PLEASE INDICATE CELL/WORK NUMBER)

DESCRIPTION OF PRIMARY USE/OCCUPANCY: _____

ADDRESS FOR BILLS/INVOICES: BUSINESS OWNER BUILDING OWNER (CIRCLE ONE)

NUMBER OF EMPLOYEES: _____ **OCCUPANCY LOAD:** _____ **BUS SQ. FT.:** _____

DAYCARE/NUMBER OF CHILDREN: _____ **AGES OF CHILDREN:** _____

NUMBER OF EXITS: _____ **EXITS PER FLOOR:** _____

B. FIRE SUPPRESSION SYSTEMS

FIRE ALARM CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

SPRINKLER CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

GENERATOR CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

ELEVATOR CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

KNOX BOX: _____ **LOCATION:** _____

PLEASE COMPLETE NEXT PAGE

B. BUSINESS OWNER INFORMATION(PLEASE INDICATE CELL/HOME/WORK NUMBER)

BUSINESS OWNER NAME/PHONE: _____ (_____) _____

BUSINESS OWNER ADDRESS: _____

CITY/STATE/ZIP CODE: _____

C. BUILDING OWNER INFORMATION

BUILDING OWNER NAME/PHONE: _____ (_____) _____

BUILDING OWNER ADDRESS: _____

CITY/STATE/ZIP CODE: _____

D. EMERGENCY CONTACT INFORMATION(THIS IS FOR AFTER HOUR EMERGENCIES)INDICATE TYPE (CELL/HOME/BUSINESS)

1. **NAME:** _____ **PHONE:** (_____) _____

2. **NAME:** _____ **PHONE:** (_____) _____

3. **NAME:** _____ **PHONE:**(_____) _____

PLEASE INFORM FIRE DISTRICT IF YOU CHANGE YOUR EMERGENCY CONTACT INFORMATION. PLEASE SEND CHANGES TO KAREN.WALTON@VTFD66.ORG

E. OWNER OR AGENT COMPLETING THIS FORM: *I certify that all statements made by me on this registration application are true.*

Sign Name *Print Name*

Title *Date*

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

LOCAL ENFORCING AGENCY:

Signature of Inspector *Station Number* *Date*