NEW BRITAIN BOROUGH FIRE MARSHAL / EMERGENCY MANAGEMENT

EMERGENCY CONTACT INFORMATION

Business Address:		Suite #:		
City:		Zip:		
Business Name:				
Business Phone Number(s):				
Web Site and/or E-Mail:				
Name of Alarm Company:				
Phone Number:				
Business Owner Name:				
Cell Number:				
Owner's E-Mail:				
Property Owner Name:				
Property Owner's Address:				
Property Owner's Email address	s or Cell Number:			
Send Inspection Report:	Owner	Business		
Send Invoice:	Owner	Business		

Primary Business Contact and 24-Hour Emergency Contact			
1)	Name:		
	Home Address:		
	Home Phone Number:	Cell/Mobile Number:	
	E-Mail:		
	Secondar	ry 24-Hour Emergency Contacts	
2)	Name		
	Home Phone Number	Cell/Mobile Number	
3)	Name		
	Home Phone Number	Cell/Mobile Number	
Tod	ay's Date		
All i	information provided is considered conf	idential and will be utilized by New Britain Borough officials in the	
even	nt of an emergency involving your busin	ess/facility. Please contact the New Britain Borough/Fire Marshal	
with	any questions or changes.		
	New	Britain Borough Fire Marshal	
		45 Keeley Ave	
		New Britain, PA 18901	
		215-348-4586	
	r	abb@newbritainboro.com	