

## OFFICE OF THE FIRE SERVICE DIRECTOR

1100 Edgewood Road Yardley, PA 19067 firesafety@lmt.org 267-274-1127



## **FIRE SAFETY REGISTRATION FORM 2024**

Business Name		
Physical Address		
Mailing Address		
		Zip
Phone #	E-Mail	
In case of emergency, after l	ousiness hours, please contac	ct:
Emergency Rep. 1.	Cell #	
2	Cell #	
Business Owner's Name Phone or Email		
Square Footage of Space	Registration Fee	
Property Owner (if different f	rom business owner)	
Mailing Address		
City	State	Zip
I HEREBY CERTIFY THAT TI	HE STATEMENTS MADE BY ME ON O THE BEST OF MY KNOWLEDGE, A	,
Date	Signature	
		on payment. Please put on the

Please complete this form and mail back with registration payment. Please put on the check that payment is for fire safety registration. This registration is required by Lower Makefield Township Ordinance # 434 adopted December 7, 2022.