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|---------------------------|-------|
| <b>FIRE DEPT USE ONLY</b> |       |
| 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 DEPARTMENT WITHIN THIRTY (30) DAYS

EMAIL: KAREN.WALTON@VTFD66.ORG

PHONE: KAREN WALTON, (856) 783-6630 x 7503

**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@VOORHEESFIRE.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*