



## Allen Township

4714 Indian Trail Road Northampton, PA 18067

Phone: 610-262-7012

Fax: 610-262-7364

Email: [Info@allentownship.org](mailto:Info@allentownship.org)

Website: [www.allentownship.org](http://www.allentownship.org)

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### Emergency Contact and Knox Box Information Form & Instructions

Allen Township and the Allen Township Volunteer Fire Company No. 1 must have updated information for all business properties in the Township.

1. Please complete **ALL** information as soon as possible.
2. Print or type legibly.
3. If your business is in a shopping center, you should have a specific address to differentiate it from other stores. Please provide the **Specific Address** in the Commercial Establishment Address section. The shopping center name is not necessary.
4. If your business is in a shopping center, office building, or contains multiple occupancies you should have a street address and specific suite number to differentiate it from other businesses. Please provide the **Street Address and Specific Suite Number** in the Commercial Establishment Address section.
5. Provide the information in the Primary **AND** Alternate contact information.
6. If your business does not have an alarm system, please indicate this by **checking NO ALARM** in the Alarm Company Information section.
7. Indicate if the establishment has a Key Box (Knox Box).

\*\*\*Please drop off, mail, fax, or email the completed form to:

**Allen Township  
4714 Indian Trail Road  
Northampton, PA 18067  
ATTN: KNOX BOX FORM**

**Email: [info@allentownship.org](mailto:info@allentownship.org)**

**Fax: 610-262-7364**



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## Emergency Contact and Knox Box Information

### Establishment Contact Information

Name of Establishment: \_\_\_\_\_

Type of Establishment: Retail      Educational      Residential      Industrial      Other: \_\_\_\_\_

Street Number / Name: \_\_\_\_\_

Suite / Tenant Number: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ NORTHAMPTON, PA 18067

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 24-Hour Emergency Contact Information (Primary Contact)

Name: \_\_\_\_\_

Street Number / Name: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Cell): \_\_\_\_\_

### 24-Hour Emergency Contact Information (Alternate Contact)

Name: \_\_\_\_\_

Street Number / Name: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Cell): \_\_\_\_\_

### Alarm Company Information (If Applicable) Check here if NO ALARM

Name of Company: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Property Management Information (If Applicable)

Name of Company: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Knox Box Information

Knox Box      Yes      No

### Building Numbering Signage (Code § 21 Part 4) Information

Compliant      Yes      No