



Borough of Highlands Division of Fire Prevention

171 Bay Avenue
Highlands, NJ 07732
(732) 872-1224 Ext. 252
Fax: (732) 872-0670



EMERGENCY NOTIFICATION FORM

Property Information

Block ____ Lot _____ Date: _____
Registration Number if Registered by State: _____ - _____ - _____ - _____
LHU Code / Use Group: _____
Name of Office Building or Shopping Center: _____
Name of Business: _____ Phone: _____
Address of Business: _____
Business Owners name: _____ Phone: _____
Business Owners Home Address: _____
Type Of Occupancy: (circle one) Assembly Business Mercantile
Educational Storage Other
Hazardous Material Stored: Yes No
Fire System:- Sprinklers -Smoke Detectors - Heat Detectors- Hood System
Alarm Company Name: _____ Phone: _____
Alarm Company Address: _____
Business Hours of Operation: _____
Avg. Number of Employees on Site at any Given Time: _____
Square Footage: _____

Emergency Contacts. People who have Keys to Business for Emergency:

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____
3. Name: _____ Phone: _____
Address: _____

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL FOR
EMERGENCY FIRE OR POLICE USE ONLY**

I, the undersigned, certify that the above information is correct to the best of my knowledge:

Applicant Sign: _____ Title: _____ Date: _____