

Township of Lyndhurst Department of Fire Safety

Building Registration Form

Registration Date: _____ LHU Code _____ Use Group _____

Occupant Load _____ Square Footage _____

Business Name _____

Address _____ Suite# _____

Phone Number _____ Fax _____

Emergency Contact _____ Number _____

Emergency Contact _____ Number _____

Description of Business _____

Primary Business Owner

Form of Ownership _____

First Name _____ Last Name _____

Title _____ *SSN/ FEIN _____

Address _____ City _____

State _____ County _____ Zip Code _____

Phone Number _____ Fax _____

* E-Mail Address _____

Billing Contact (where invoices will be sent for payment) _____ Same as above

Form of Ownership _____ Person or Organization _____

First Name _____ Last Name _____

Title _____ *SSN/ FEIN _____

Address _____ City _____

State _____ County _____ Zip Code _____

Phone Number _____ Fax _____

* E-Mail Address _____

Building Owner (write same if owns building)

Name _____

Address _____ City _____

State _____ County _____ Zip Code _____

Phone Number _____ Emergency Number _____

Alarm Monitoring Company

Name _____

Address _____ City _____

State _____ County _____ Zip Code _____

Phone Number _____ Emergency Number _____

Alarm Company

Name _____

Address _____ City _____

State _____ County _____ Zip Code _____

Phone Number _____ Emergency Number _____

Sprinkler Company

Name _____

Address _____ City _____

State _____ County _____ Zip Code _____

Phone Number _____ Emergency Number _____

Manager Agent

Name _____

Address _____ City _____

State _____ County _____ Zip Code _____

Phone Number _____ Emergency Number _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____