

Bureau of Fire Prevention

Fire Marshal
Roy Mondì

Fire Inspector
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REGISTRATION INFORMATION/UPDATE FORM
(Please make any correction/additions in red pen)

.....
This area office use only

Local ID#: _____ State ID#: _____ Date Registered: _____
LHU CODE/S: _____ / _____ / _____ / _____ / _____

CHOOSE ONE: NON-LIFE HAZARD / LIFE HAZARD
CHOOSE ONE: NEW / UPDATE

Business Name: _____

Street Address (Include Unit/Suite):

_____ Phone #: _____

CHOOSE ONE: OWN / LEASE

Building Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

E-Mail: _____

Street Address: _____

Business Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

E-Mail: _____

Street Address: _____

Manager/Agent Name: _____

Address: _____

Phone: _____ Email: _____

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____

Emergency Contacts:

#1: _____ Phone: _____

E-Mail: _____

#2: _____ Phone: _____

E-Mail: _____

#3: _____ Phone: _____

E-Mail: _____

Alarm/Suppression System Information:

Describe System: _____

Alarm Panel Location: _____

Monitoring Co. Name: _____

Phone #: _____

Description of use/Occupancy of this building/business:

Square Footage of Occupancy: _____

Hours of Operations: _____

Number of Employees: _____

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE AND UNDERSTAND THAT I AM SUBJECT TO PENALTY IF THEY ARE NOT.

Signature: _____

Print Name/Title: _____

Address: _____