



TOWNSHIP OF PLAINSBORO

Department of Code Enforcement
Division of Fire Safety
641 Plainsboro Road
Plainsboro, NJ 08536
(609) 799-0909 ext. 2545

Local Fire Safety Registration Form

All Sections Must Be Completed

Date: _____ Reg. #: _____ Office Use Only
Insp. _____

**REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS
REQUIRED - EMAIL ADDRESS: _____**

BUSINESS NAME: _____

ADDRESS: _____

SUITE OR ROOM NUMBER: _____ TELEPHONE: _____

BUSINESS OWNER'S NAME: _____

PERSON TO RECEIVE CERTIFIED MAIL OR OTHER NOTICES (NO P.O. ADDRESSES)
Name: _____

Address: _____

DESCRIBE BRIEFLY THE BUSINESS YOU ARE REGISTERING: _____

SQUARE FOOTAGE OF BUSINESS: _____

PLEASE PROVIDE TWO CONTACTS FOR ANY EMERGENCIES AFTER BUSINESS HOURS:

EMERGENCY CONTACT #1: _____

TELEPHONE NO: _____

EMERGENCY CONTACT #2: _____

TELEPHONE NO: _____

BILLING/MAILING ADDRESS IF DIFFERENT FROM THE BUSINESS ADDRESS AS LISTED

NAME OF COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

**I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY
OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALITIES
PRESCRIBED BY LAW.**

Signature of Owner or Representative: _____

Printed Name of Owner or Representative: _____