



## 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 PENALTIES PRESCRIBED BY LAW.**

Signature of Owner or Representative: \_\_\_\_\_

Printed Name of Owner or Representative: \_\_\_\_\_