***Please complete and return this form to:***

**Hanover Area Fire Rescue**

**204 Clover Ln.**

**Hanover, PA 17331**

**Phone: 717.637.4949 ~ Fax: 717.632.0144**

|  |  |  |  |
| --- | --- | --- | --- |
| Building Address: | | | |
| Business Name /Occupant Name: | | | |
| Phone Number: | | | |
| **Emergency Contacts** | | | |
| #1 Name: | Phone #: | | Key Holder |
| #2 Name: | Phone #: | | Key Holder |
| #3 Name: | Phone #: | | Key Holder |
| **Current keys available in the Knox Box** (external Fire Dept. Key Box)  (If not, contact the Fire Dept. to make arrangements to replace keys) <https://79fire.com/knox-box-forms/> | | Yes /  No  (Note below if Keys need updated) | |
| **Business Owner** | | | |
| Name: | Phone #: | | Key Holder |
| Address: | | | |
| **Building Owner** | | | |
| Name: | Phone #: | | Key Holder |
| Address: | | | |

**Fire Inspector Name:**

**Fire Inspector Email:**