***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:**