



COLLINGSWOOD FIRE DEPARTMENT

OFFICE OF FIRE PREVENTION & INSPECTION BUREAU



434 Haddon Avenue
Collingswood, New Jersey 08108

P. (856) 854-7447
F. (856) 854-1279

Geoffrey T. Joyce
Fire Official

Business Registration Form

Please type or print all information

Property Address: _____		
Name of Business: _____		Square Feet: _____
Business Phone: _____	Business Fax: _____	
Property Owner: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: () _____	Cell Phone: () _____	
Email Address: _____		
Emergency Contacts: Name _____	Phone # () _____	
Business Owner: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: () _____	Cell Phone: () _____	
Email: _____		
Emergency Contacts: Name _____	Phone # () _____	

THIS SECTION MUST BE COMPLETED

Please indicate where you wish <u>REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES</u> to be sent :	
Name: _____	Cell Phone: () _____
Address: _____ City/State/Zip: _____	
Email: _____	Drivers License#: _____
_____ Signature of Applicant	_____ Date
<i>By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.</i>	