



**Bureau of Fire Prevention  
Pine Hill Fire District #1**

1109 Erial Road  
Pine Hill, NJ 08021  
Office: 856-784-0030  
Fax: 856-258-4161

FireMarshal@pinehillfiredistrict.com



## Registration Form

Name of Establishment : \_\_\_\_\_ Phone # : \_\_\_\_\_

Address : \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Business Owner Home Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

Send Correspondence to :  Establishment  Business Owner  Building Owner

Type of Business (circle): Individual / Partnership / Corporation / Other: \_\_\_\_\_

**Property Owner Information:**

Name: \_\_\_\_\_

Property Owner Home Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_

**INFORMATION**

Description of Use or Business : \_\_\_\_\_

Square Footage of Business : \_\_\_\_\_

List of Special Activities or Operations : \_\_\_\_\_

*\*\* I certify that all statements made by me in this registration are true. I am aware that if any of the forgoing statements are willfully fals are a violation of this code. \*\**

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Signature : \_\_\_\_\_

Printed Name/Title : \_\_\_\_\_

Address: \_\_\_\_\_