



**ROYERSFORD BOROUGH  
OFFICE OF EMERGENCY MANAGEMENT  
300 Main St Royersford, PA. 19468  
OFFICE: (484) 938-8739  
Dan Miller, Coordinator  
[dmilleremc@royersfordborough.org](mailto:dmilleremc@royersfordborough.org)**

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**ROYERSFORD BOROUGH EMERGENCY CONTACT INFORMATION FORM**

Royersford Borough is currently in the process of updating both our inter-departmental record system and the Montgomery County Emergency Communications Center (911 system) computer database for all commercial properties in the borough. To help us accomplish this, we need your assistance by filling out the form below.

1. Please complete ALL required information
2. Type or print legibly
3. If your business is in a shopping center, office building or contains multiple occupancies you should have a specific street address and specific unit or suite number to differentiate it from other businesses. Please provide the "Street Address and Specific Suite Number" in the Commercial Establishment Address section
4. Please provide the information shown in the "Primary and Alternate" contact information. Please attach additional pages if you have additional people capable of acting as your responsible party in case of emergency.
5. If your business does not have an alarm, please write "No Alarm" in the Alarm Company Information section.
6. Indicate if your property has a Knox Box.

Please drop-off, email or mail your completed form to the following:

Royersford Borough  
Emergency Management  
300 Main St  
Royersford, PA 19468  
Attention: Dan Miller

If you have any questions contact Dan Miller at (484)938-8739 or [dmilleremc@royersfordborough.org](mailto:dmilleremc@royersfordborough.org). Thank you for your cooperation with this matter.



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**Establishment Contact Information**

Name of Establishment			
Type of Establishment			
Street Number / Name			
Suite / Tenant Number			
Town / Zip Code			
Phone number		Fax #	
Email/Website			

**24-Hour Emergency Contact Information (Primary)**

Name of Emergency Contact			
Street Number/Name			
Town/Zip Code			
Phone # (Home)		Cell #	

**24-Hour Emergency Contact Information (Alternate)**

Name of Emergency Contact			
Street Number/Name			
Town/Zip Code			
Phone # (Home)		Cell #	

**Alarm Company Information (If applicable)**

Alarm Co. Name		Alarm Co. Phone #	
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**Property Management Information (If applicable)**

Name of Company		Phone #	
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**Knox Box Information**

Knox Box :	YES	NO	Location:	
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**Any other information pertinent to responder safety**

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