**MUNICIPAL INFORMATION**

**Township or Borough:** **Physical Address:**

**Mailing Address:** **City:** **Zip Code:**

**Public Telephone #:** **Non-Public Telephone #:** **FAX #:**

**MUNICIPAL OFFICIALS**

**Twp Board of Supervisors Chair:**       **Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home** **[ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Boro Council President:**       **Email:**

**Preferred Contact #:**      **[ ]  - Cell** **[ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Boro Mayor:**       **Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Boro/Twp Manager:**       **Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Boro/Twp Secretary:**       **Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Additional Information:**

**EMERGENCY MANAGEMENT COORDINATOR & FIRE MARSHAL**

**Emergency Management Coordinator (EMC):** **Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Deputy EMC:       Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Fire Marshal (FM):** **Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Deputy FM:       Email:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Additional Information:**

**ROADS/STREETS EMERGENCY CONTACTS**

**List in order to be contacted.**

**1st Contact Name:**

 **Title:** **[ ]  - Road Master/Supervisor** **[ ]  - Road Crew** **[ ]  - Other, please specify:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**2nd Contact Name:**

 **Title: [ ]  - Road Master/Supervisor [ ]  - Road Crew [ ]  - Other, please specify:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**3rd Contact Name:**

 **Title: [ ]  - Road Master/Supervisor [ ]  - Road Crew [ ]  - Other, please specify:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**4th Contact Name:**

 **Title: [ ]  - Road Master/Supervisor [ ]  - Road Crew [ ]  - Other, please specify:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Other (specify)**

**Additional Information:**

**WATER**

**Contact/Business Name:**

**Contact/Business Number:**       **Is this a public #? [ ]  - Yes** **[ ]  - No**

**AFTER HOURS Emergencies-**

**1st Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home** **[ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home** **[ ]  - Business [ ]  - Other (specify)**

**2nd Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**3rd Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Additional Information:**

**SEWER**

**If contacts are different from water.**

**Contact/Business Name:**

**Contact/Business Number:**       **Is this a public #? [ ]  - Yes [ ]  - No**

**AFTER HOURS Emergencies-**

**1st Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**2nd Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**3rd Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Additional Information:**

**CODE ENFORCEMENT**

**Contact/Business Name:**

**Contact/Business Number:**       **Is this a public #? [ ]  - Yes [ ]  - No**

**AFTER HOURS Emergencies-**

**1st Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**2nd Contact/Business Name:**

**Preferred Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**Alternate Contact #:**       **[ ]  - Cell [ ]  - Home [ ]  - Business [ ]  - Other (specify)**

**TRAFFIC LIGHT REPAIR**

**Contact/Business Name:**       **Contact/Business Number:**

**ANIMAL CONTROL**

**Contact/Business Name:**       **Contact/Business Number:**

**CONSTABLE**

**Constable Name:**       **Contact Number:**

**ADDITIONAL INFORMATION**

**Provide any additional information that may be needed.**

**Return Completed Forms to: Christina Wood at** **cwood@countyofberks.com** **or FAX to 610-655-4902**

|  |  |  |
| --- | --- | --- |
|  | **Completed By:** | **Date:** |
| **Received by DES:** |  |  |
| **Contact Card Updated:** |  |  |
| **Info forwarded to Planning Manager** |  |  |

**BELOW THIS LINE DES USE ONLY**