

Facilities must retain documentation that they submitted their initial emergency plan and any updated plan to their local and county municipalities.

Facility Location/Name
Location Physical Address
Legal Entity/Person responsible for the Legal Entity
Local Municipality (i.e. borough, township, city, district)
Name:
Address:
Phone Number:
Email Address (if available):
Fax Number (if available):
Method Submitted (i.e. mail, fax, email, hand delivered):
Date Submitted:
County Municipality
Name:
Address:
Phone Number:
Email Address (if available):
Fax Number (if available):
Method Submitted (i.e. mail, fax, email, hand delivered):
Date Submitted:
Self-Certification
I hereby swear/affirm that the information provided is true and correct to the best of my knowledge.
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">Signature</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">Title</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">Date</div> </div>