



BEDFORD POLICE DEPARTMENT

ALARM PERMIT APPLICATION

☞ Annual Fee: \$100.00---All information must be completed---This is a two-sided form ☞

This is a: New Permit Renewal

Mail to: 2121 L. Don Dodson Dr. Bedford, TX 76021

ALARM SITE – BUSINESS ONLY

BUSINESS NAME: _____

ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBER (OF BUSINESS): _____

PERMIT HOLDER - one name only --- Permit holder must reside locally

NAME: _____ TITLE: _____

DRIVERS LICENSE NO.: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

ALARM COMPANY INFORMATION

NAME: _____

ADDRESS: _____ TELEPHONE: _____

Complete emergency contact information on reverse side. Unless otherwise noted, the permit holder will be considered the first emergency contact to be notified. List only those individuals who reside in the local area and are able and willing to respond in a timely manner to the alarm site.

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Bedford City Ordinance # 2523 and applicable State Laws.

I accept responsibility for payment of all fees or charges and any civil action that may result from the operation of this alarm system.

Applicant's Signature

Date Submitted

RECEIVED BY _____	DATE _____
<input type="checkbox"/> CHECK (NUMBER _____)	<input type="checkbox"/> CASH
START DATE _____	STOP DATE _____ NUMBER _____

EMERGENCY CONTACT INFORMATION

*List only one name per contact --- All information must be completed
For identification purposes, please provide a full name and date of birth or drivers license number.*

1) NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

DRIVERS LICENSE STATE AND NUMBER: _____

DATE OF BIRTH: ____/____/____

2) NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

DRIVERS LICENSE STATE AND NUMBER: _____

DATE OF BIRTH: ____/____/____

3) NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

DRIVERS LICENSE STATE AND NUMBER: _____

DATE OF BIRTH: ____/____/____

4) NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

DRIVERS LICENSE STATE AND NUMBER: _____

DATE OF BIRTH: ____/____/____
