



# BEDFORD POLICE DEPARTMENT

## ALARM PERMIT APPLICATION

\*Required Information

APPLICATION*	PERMIT TYPE*	
New <input type="checkbox"/> Renewal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Residential <input type="checkbox"/> Business <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PERMIT HOLDER NAME* or NAME OF BUSINESS*	PRIMARY PHONE*	SECONDARY PHONE*
*ALARM SITE ADDRESS (include suite number, if applicable) This is the physical address of your residence or business (NO PO Boxes)		ALARM SITE PHONE
MAILING ADDRESS (If different from Alarm Site Address. Please include street, city, state and zip code)		

**ALARM COMPANY INFORMATION** (Company AND Phone Number required)

ALARM COMPANY NAME*	ALARM COMPANY PHONE*

### EMERGENCY CONTACT INFORMATION

(Recommended for Residential Permits, \*required for Business Permits; Please indicate telephone type in box)

NAME		PRIMARY PHONE		SECONDARY PHONE	
NAME		PRIMARY PHONE		SECONDARY PHONE	

<b>REMIT PAYMENT AND COMPLETE APPLICATION TO:</b>  <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>BY MAIL:</b>            Bedford Police Department            ATTN: Alarm Permit            2121 L Don Dodson Dr            Bedford, TX 76021         </td> <td style="width: 50%; vertical-align: top;"> <b>IN PERSON:</b>            Bedford Police Department            2121 L Don Dodson Dr            Bedford, TX 76021         </td> </tr> </table>	<b>BY MAIL:</b> Bedford Police Department ATTN: Alarm Permit 2121 L Don Dodson Dr Bedford, TX 76021	<b>IN PERSON:</b> Bedford Police Department 2121 L Don Dodson Dr Bedford, TX 76021	<b>NON-REFUNDABLE PERMIT FEE:</b>  <b>Residential Fee: \$50</b>  <b>Business Fee: \$100</b>
<b>BY MAIL:</b> Bedford Police Department ATTN: Alarm Permit 2121 L Don Dodson Dr Bedford, TX 76021	<b>IN PERSON:</b> Bedford Police Department 2121 L Don Dodson Dr Bedford, TX 76021		

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*

Received By: _____ Date: _____ Check #: _____ Cash: _____ Charge: _____ Start Date: _____ Stop Date: _____ Permit #: _____  <b>FOR OFFICE USE ONLY</b>
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