



# BEDFORD POLICE DEPARTMENT

## ALARM PERMIT APPLICATION

**\*Required Information**

APPLICATION*		PERMIT TYPE*		ALARM SYSTEM TYPE*	
New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>	Monitored <input type="checkbox"/>	<u>OR</u> Broadcast <input type="checkbox"/>
PERMIT HOLDER NAME* or NAME OF BUSINESS*		PRIMARY PHONE* Circle One: Home Work Cell		SECONDARY PHONE* Circle One: Home Work Cell	
*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)

NAME	HOME PHONE	WORK PHONE	CELL PHONE
NAME	HOME PHONE	WORK PHONE	CELL PHONE

<b>REMIT PAYMENT AND COMPLETE APPLICATION TO:</b>		<b>NON-REFUNDABLE PERMIT FEE:</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	<b>Residential Fee: \$50</b>  <b>Business Fee: \$100</b>

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 #11-2988 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(exact change only): \_\_\_\_\_ Charge: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

FOR OFFICE USE ONLY