Bedford Fire Department
Business Fire Alarm Permit Application

ALARM SITE – *BUSINESS INFORMATION*

BUSINESS NAME: _____

ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBER (OF BUSINESS): _____

PRIMARY CONTACT- (Must live within 15 minutes of Bedford, be a key carrier and have access to alarm code)

NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ALARM MONITORING COMPANY INFORMATION

NAME: _____

ADDRESS: _____ TELEPHONE: _____

EMERGENCY CONTACT INFORMATION

(All Emergency Contacts must be a key carrier)

1) NAME: _____ TITLE: _____

HOME PHONE: _____ CELL PHONE: _____

2) NAME: _____ TITLE: _____

HOME PHONE: _____ CELL PHONE: _____

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 No. 11-2989 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**