

TOWN OF BEDFORD

Office of the Supervisor
321 Bedford Road
Bedford Hills, NY 10507



Phone 914-666-6530
Fax 914-666-5249
Supervisor@BedfordNY.gov

TOWN OF BEDFORD EVENT APPLICATION INFORMATION

We're delighted that you're planning an event for your group in one of our three hamlets in Bedford (Katonah, Bedford Hills, Bedford Village) and would like to help make the process as easy as possible. I enclose a simple, one-page application form that I ask you to complete and return as soon as possible to brhodes@bedfordny.gov.

As you'll see on the form, we need advance notice of not less than four weeks prior to the event and no less than one week prior to a Town Board meeting. Please note that you must contact Police, Highway, and Recreation Department representatives prior to submission of the application so the department(s) can determine what, if any resources are needed for the event.

It is necessary for you to meet with the following departments, especially if you are planning a large event. Please note the following contact information:

Department	Contact	Telephone Number/E-Mail Address
Highway	Commissioner Kevin Winn	914.666.7669 / Highway@BedfordNY.Gov
Police-Operations Department	Operations Lieutenant	914.241.3111 / BedfordPolice@BedfordNY.Gov
Recreation & Parks	Superintendent William Heidepriem	914.666.7004 / Recreation@BedfordNY.Gov

Please let me know if you have any questions. I'll be happy to help.

Sincerely,

Chris Burdick

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PROPOSED EVENT APPLICATION FORM

(Please complete not less than four weeks prior to event date and not less than one week prior to Town Board meeting)

Organization Name: _____ Address: _____

City/State/Zip: _____

Contact Name: _____

Phone: _____ Email: _____

EVENT INFORMATION

Event Name: _____ Date/Time of Event: _____

Number of attendees expected: _____ Alcohol: Yes _____ No _____

Location/Address of Event: _____

Is event taking place on a Town road: _____ or in a parking lot: _____

Other: _____

Event Description:

Describe recycling plans for your event and include these plans in the application:

Signature: _____ Date: _____

Comments

TOWN USE:	
Department	Needs
<input type="checkbox"/> DPW/Highway	____ Personnel ____ Saw Horses/Cones
<input type="checkbox"/> Police	____ Personnel
<input type="checkbox"/> Recreation	____ Facility ____ Personnel
<input type="checkbox"/> Town Clerk	____ Hold Harmless ____ Insurance