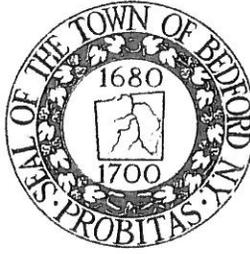


TOWN OF BEDFORD

Alexandra O'Connor
Sr. Account Clerk
(914) 666-7273

Alarm Billing
Fax: (914) 666-8025



****ATTENTION****

ALL RESIDENTIAL AND BUSINESS ALARM SYSTEMS **MUST** BE REGISTERED WITH THE TOWN OF BEDFORD.

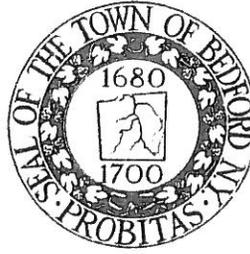
FAILURE TO REGISTER IS A VIOLATION OF THE TOWN OF BEDFORD ORDINANCE AND YOU WILL BE SUBJECT TO PROSECUTION IN TOWN COURT.

TO COMPLY WITH THE ORDINANCE, FILL OUT THE ATTACHED APPLICATION FOR AN ALARM PERMIT AND SEND IT TO THE ALARM OFFICE AT THE ADDRESS BELOW.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE ALARM OFFICE AT (914) 666-7273.

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APPLICATION FOR A PERMIT PERMIT # _____
IN THE TOWN OF BEDFORD
TO OPERATE AN ALARM SYSTEM
FEE: \$25.00 PAYABLE TO THE TOWN OF BEDFORD

PLEASE ANSWER ALL QUESTIONS!!

1. Name _____

Mailing Address _____

City, State, Zip Code _____

Home Phone _____ Bus. Phone _____

Cell Phone _____ Email _____

Driveway Gate Code (if applicable) _____

2. Location of Premises (street name and number)

3. Parties to be contacted to respond in an emergency

a. Name _____ Phone _____

b. Name _____ Phone _____

c. Name _____ Phone _____

4. This is an application to operate (check all that apply)

_____ Audible _____ Burglar _____ Fire _____ Life Line
_____ Motion Sensor _____ Panic Button _____ Other (please specify)

5. This system will be (check all that apply)

- _____ a. Connected to a private monitoring facility.
- _____ b. Not connected to a monitoring facility.
- _____ c. Outside audible, automatic reset 10 to 15 minutes.

6. Indicate the company selling, installing, or modifying the alarm.

Name _____ Phone _____
Address _____

7. If a PRIVATE Central Alarm Station monitors your system, indicate the companies or persons name below.

Name _____ Day Phone _____
Address _____ Eve Phone _____

IMPORTANT

*****ALL APPLICANTS MUST SIGN AND RETURN APPLICATION*****

THE APPLICANT IS RESPONSIBLE FOR THE POSTING OF THE PROPER STREET ADDRESS NUMBER ON HIS/HER PROPERTY. NUMBERS SHOULD BE REFLECTIVE AND AT LEAST THREE AND A HALF INCHES IN HEIGHT. THIS MUST BE DONE IN ORDER TO COMPLY WITH THE TOWN OF BEDFORD'S 911 ORDINANCE.

False/malfunction alarm fees for each incident will be charged as follows:

Police Alarms (per year)

First- No Charge

Second- \$100.00

Third & Additional- \$200.00

Fire Alarms(per year)

First- No Charge

Second- \$100.00

Third & Additional- \$200.00

Yearly renewal fee for all alarms systems- \$25.00. This will be billed to you on an annual basis.

Please inform this office of any changes, modifications or cancellations of your alarm system.

If you are aware of a false/malfunctioning alarm and you would not like the Police Department to respond, please contact the **Town of Bedford Police at (914) 241-3111**, state your name and the permit number and, unless the Police Department has already been dispatched, you would not be charged with the false **Police** alarm. If you are unaware of your permit number please contact the Town of Bedford Alarm Office at (914) 666-7273.

FIRE ALARMS- In order to ensure a timely response for fire alarms please advise your alarm company that a fire alarm should be called into the following fire department numbers: **Bedford Hills- (914)666-4079, Katonah- (914) 232-3000, and Bedford Village (914)234-3321.**

IF YOU HAVE A PANIC ALARM SYSTEM: In order to ensure the safe being of the persons or property within the described building, I authorize the Town of Bedford Police Department to effect an entry to said building by any means necessary.

The Town of Bedford may suspend or revoke the subscribers permit for falsification of information, for non-compliance with the standards an regulations set forth in the Town of Bedford Regulation of Police and Fire Emergency Alarm Law, and for Non-Payment.

I certify that the foregoing information is true. In consideration for the issuance of a permit hereunder, applicant hereby agrees to hold the Town of Bedford harmless from any liability arising out of the operation of the alarm system described herein, or the operation of equipment to which said system is connected, whether from acts of commission or omission.

NOTICE: PURSUANT TO THE PENAL LAW, SECTION 210.45 IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

NAME _____ DATE _____
(APPLICANTS SIGNATURE)

(REV.4/21/09)