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.

425 CHERRY ST · BEDFORD HILLS, NY 10507-1321
E-mail: aoconnor@bedfordny.info · www.bedfordny.info

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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_____

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)

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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)	**Fire Alarms(per year)**
First- No Charge	**First- No Charge**
Second- $100.00	**Second- $100.00**
Third & Additional- $200.00	**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)