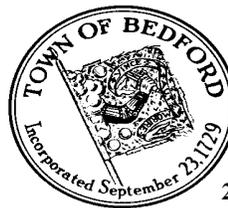


# Bedford Police

Robert Bongiorno, *Chief of Police*



2 MUDGE WAY  
BEDFORD MA 01730-2136

TEL. 781-275-1212  
FAX 781-275-8336

## Solicitor's Form

Name in Full: \_\_\_\_\_ Home Tel. #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Tel. #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Complexion: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

SS #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ Auto Reg. #: \_\_\_\_\_

Auto Make and Model: \_\_\_\_\_ Color and Style: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Purpose of Permit: \_\_\_\_\_

Product/Service to be Solicited: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time of Solicitation: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**\*\* EACH INDIVIDUAL SOLICITOR MUST REGISTER  
WITH THE POLICE DEPARTMENT \*\***

Only Completed by the Officer-in-Charge of the Police Department:	
Issued by: _____	
Or	
Denied by: _____	DATE: _____