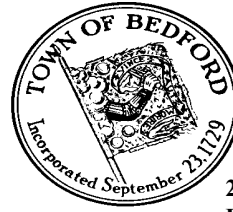


Bedford Police

John C. Fisher, *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 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: _____