



Town of Westford Fire Department

PO BOX 296 Westford MA 01886

PH - 978-692-5542 FAX 978-692-6903

Date _____

APPLICATION FOR COMMERCIAL FIRE ALARM

C.82 S.40 M.G.L.

To: Head of Fire Department: Westford

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section 10A Application is hereby made by

Name: _____

Address _____

For Permission to: _____

State Clearly the purpose of which the permit is requested:

Location _____

Name of competent operator if applicable: _____

Certificate of Competency # _____

Date Issued _____ Date Rejected _____

By: _____

Date of Expiration _____

Fee Paid _____

Fee Due _____

Amount : _____

Applicant Signature _____

Fire Department Permit # _____

This is an Application only, not a Permit.