



ADDRESS CHANGE

PLEASE PRINT OR TYPE

FEE: _____

APPLICATION FOR ALARM PERMIT *City of Medford*

INFORMATION REQUIRED ON PRINCIPAL (PERMIT HOLDER):

NAME _____ PHONE# _____
Last First Middle

ADDRESS _____
Street Address City State Zip Code

MAILING ADDRESS _____
City State Zip Code

TYPE OF PREMISES: HOME _____ OFFICE _____ STORE _____ WAREHOUSE _____ OTHER _____

BUSINESS NAME IF APPLICABLE: _____

ADDRESS OF PROTECTED PREMISES: _____

NAME OF COMPLEX IF APPLICABLE: _____

ALARM COMPANY:

Name Street Address City State Zip Code Phone#

I HAVE RECEIVED A COPY OF THE ALARM ORDINANCE OF THE CITY OF MEDFORD, AVAILABLE ON THE CITY OF MEDFORD'S WEBSITE at www.ci.medford.or.us. I AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THIS ORDINANCE.

SIGNED DATE

POLICE DEPARTMENT APPROVAL DATE

FOR OFFICE USE ONLY

APPROVED BY: _____ DATE: _____

PERMIT TERM: _____ TO _____ PERMIT # _____

WHEN VALIDATED, THIS IS YOUR PERMIT.

RECEIPT NO. _____
RECEIPT DATE _____
BANK NO. _____

MAIL PAYMENT TO: City of Medford Finance Department
411 W. 8th Street, #380
Medford, OR 97501
Phone 541-774-2030
FAX 541-774-2528