



PLEASE PRINT OR TYPE

FEE: \$32.00

**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](http://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. 8<sup>th</sup> Street, #380  
Medford, OR 97501  
Phone 541-774-2030  
FAX 541-774-2528