ADDRESS CHANGE

PLEASE PRINT OR TYPE FEE:_____N/A_____

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