



# MEDFORD

OREGON

PLEASE PRINT OR TYPE

FEE: 32.00

## APPLICATION FOR ALARM PERMIT

*City of Medford*

### INFORMATION REQUIRED ON PRINCIPAL (PERMIT HOLDER):

CONTACT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_  
Street Address City State Zip Code

ADDRESS OF PROTECTED PREMISES: \_\_\_\_\_  
Street Address City State Zip Code

TYPE OF PREMISES: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_ STORE \_\_\_\_\_ WAREHOUSE \_\_\_\_\_ OTHER \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE): \_\_\_\_\_

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.medfordoregon.gov](http://www.medfordoregon.gov). 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 Utility Billing Department  
411 W. 8<sup>th</sup> Street  
Medford, OR 97501  
Phone: 541-774-2140  
Email: [Utilities@cityofmedford.org](mailto:Utilities@cityofmedford.org)