



ADDRESS CHANGE REQUEST

PLEASE PRINT OR TYPE

FEE: _____ N/A _____

ADDRESS CHANGE 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

PRIOR ADDRESS OF PROTECTED PREMISES: _____
Street Address City State Zip Code

NEW 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. 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.

MAIL FORM TO: City of Medford Utility Billing Department
411 W. 8th Street
Medford, OR 97501
Phone: 541-774-2140
Email: Utilities@cityofmedford.org