

K. Tyler Brewer
Director of Safety

Augusta Department of Safety
2100 Ohio
Augusta, KS 67010

Dear Mr. Brewer,

I, the undersigned, am the owner or tenant in possession of the following property described, towit: (description or street address)_

Augusta, Butler County, Kansas.

There is a city ordinance prohibiting individuals from loitering in the streets and other public places and another prohibiting individual from trespassing upon any real property of another for the purpose of parking a vehicle; both when such person is not engaged in any legal business at such real property of another.

This letter is to authorize you or any member of the *Augusta Department of Safety* to act as my agent in commencing prosecution against any individual found in violation of either of the described city ordinances on the above-described property either during or after business hours and such individual is there without having or intended to have legal business on my premises.

I further authorize you or any member of the *Augusta Department of Safety* to enter upon the above-described property for the purpose of enforcing violations of the above described city ordinances. I understand and authorize prosecution of the above-described violations of city ordinances on the above-described property.

I agree to post or cause to be posted, signs stating the above-described violations of city ordinances.

Name of owner or tenant: _____ Phone _____

Signature of owner or tenant: _____

Date of authorization: _____ Time: _____

LOCATION INFORMATION REPORT

AUGUSTA DEPARTMENT OF SAFETY
2100 N. Ohio Street
Augusta, Kansas 67010-2150
Non-Emergency 775-4500
Emergency 9-1-1

This report is presented to you by the Augusta Department of Safety to obtain vital information needed by both police and fire personnel in the protection of your property. This information will remain confidential and will be used mainly after normal business hours to make contact with responsible parties should an incident or emergency occur. **WE REQUEST THAT IF ANY OF THE INFORMATION CHANGES THAT YOU PLEASE IMMEDIATELY NOTIFY THE DEPARTMENT OF SAFETY.**

Establishment Name:	Date:
Address:	Telephone:
Nature of Establishment:	
Owner of Building:	Telephone:
Owner of Establishment:	Telephone:
Address:	
Owner of Establishment:	Telephone:
Address:	

PERSONNEL IN RANKING ORDER TO BE CONTACTED

NAME	ADDRESS	TELEPHONE	KEY HOLDER
			__Y __N
			__Y __N
			__Y __N
			__Y __N

Does establishment have a Knox Box: Yes No If so, location of Knox Box: _____

Does establishment have an alarm for:	PANIC: <input type="checkbox"/> Yes <input type="checkbox"/> No	ENTRY: <input type="checkbox"/> Yes <input type="checkbox"/> No	FIRE: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is alarm:	SILENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	AUDIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	VISUAL: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of alarm company:			Telephone:
Does establishment have a guard dog: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is establishment occupied after hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	

If occupied, when and by whom: _____

List any hazardous processes routinely used at the establishment: _____

List any hazardous materials routinely stored at the establishment: _____