

Director of Safety
K. Tyler Brewer



Fire Division - Major
Raymond L. Marbut

Dear Business Owner/Operators:

Attached you will find a "BUSINESS INFORMATION REPORT" which is submitted to you for your attention. This form is designed to provide the Augusta Department of Safety with valuable information regarding your facility should an incident and/or emergency occur after normal business hours. This information is kept on file in the communications center and will be released to only department emergency personnel.

We request that you give this form prompt attention by completing all areas that apply to your operation. Once this form is complete, you may either contact the Department of Safety at **775-4500** at which time an officer will be sent out to pick-up the form. Also you may bring or mail the form to the department located at **2100 Ohio**.

Again, the information requested on this report is extremely valuable to us in providing the best possible police and fire protection. Once the form has been returned to the Department of Safety, please remember to notify us when there are any changes regarding the submitted information. On the back of the form, you will find a form letter which authorizes the officers of the Department of Safety to enforce the local loitering, trespassing and parking ordinances on your property after business hours. We request you sign this letter to enable our officers to police your parking areas to prevent theft, vandalism, and other illegal activities.

If we can be any assistance to you and/or facility, please do not hesitate to call. I would like to take this opportunity to thank you in advance for your cooperation regarding this request.

Sincerely,

K. Tyler Brewer
Director of Safety

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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: _____

AUGUSTA DEPARTMENT OF SAFETY
 2100 Ohio
 Augusta, Kansas 67010
 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.**

BUSINESS INFORMATION REPORT

Business Name: _____ Date: _____

Address: _____ Telephone: _____

Nature of Business: _____

Owner of Building: _____ Telephone: _____

Owner of Business: _____ Telephone: _____

Address: _____

Owner of Business: _____ Telephone: _____

Address: _____

PLEASE LIST ALL EMPLOYEES IN RANKING ORDER TO BE CONTACTED

NAME	ADDRESS	TELEPHONE	KEYS
			__Y__N
			__Y__N
			__Y__N
			__Y__N

Does your business have an alarm for: ROBBERY: __Yes__No BURGLARY: __Yes__No FIRE: __Yes__No

Is your alarm a: Silent __Yes__No AUDIBLE: __Yes__No Other: _____

Name of alarm company: _____ Telephone: _____

Does your business use any hazardous processes and if so please describe:

Please list any hazardous materials you use during your business operation:

Is your business protected after hours by a guard dog: __Yes__No