

APPLICATON FOR EXEMPTION FROM MAUSTON KEY LOCK BOX ENTRY SYSTEM

Return Completed Application to: Fire Chief City of Mauston, 303 Mansion St., Mauston, WI 53948

1.	urpose- The purpose of this document is to apply to the city for an exemption from the Mauston "Key Lock Box ntry System" Ordinance contained in Chapter 12, Article 1, Section 12-1 in the Mauston Code of Ordinances.
2.	Dwnership Information (please print) Dwner of Building: Rebecca Bria / RRBria, LUC Address of Building: 225 E State Street Building Uses: Law Office / Rental
3.	Applicant Information (please print) Name: Rebecca Bria Title: Owner Mailing Address: 236 & State St. Mauston, UT 53948 Telephone #: 608-847-1901 Email address: robecca @ rblo.law
 4. 5. 	Reason for Exemption Request: 24/7/365 on-site staff or guard service Financial Institution Bank Other (describe): Law office with Confidential in formation partaining to the City juveniles, and other Clents Many Files Contain considerated frequest information. * Not looking to exempt rental property of any office. Warranties and Representations – The applicant hereby warrants and represents as follows: a. The applicant is the owner or party in control of the property described herein; and b. The applicant is familiar with the Mauston "Key Lock Box Entry System" Ordinance contained in section Chapter 12, Article 1, Section 12-1 of the Mauston Code of Ordinances; and c. The applicant requests that the building identified herein be exempt from the "Key Lock Box Entry System" Ordinance: and d. The applicant acknowledges that, without access to a key, the Fire and/or Police Departments may use force
	to enter the above described building in order to respond to an emergency and/or carry out the duties of the Fire and/or Police Departments, and that such entry of the building may cause damage to the building for which neither the Police Department nor the Fire Department, nor the City of Mauston, shall be liable to the applicant or owner.
6.	<u>Certification</u> – The undersigned hereby certifies that the above and foregoing information is true and correct, and that the applicant understands the information contained herein.
I Sig	Rebocca Bria 10/15/05 Printed Name Date
Or Ap Co	ICE USE ONLY: Date Received: Fire Chief Recommendation Approve Deny inance Comm Rec Date: Approve Deny Council Action Date: Approve Deny licant Notified of Decision Date: How Notified: mail Email Telephone Other y to Police Dept Copy to Parcel File Fire Department\Knox\Lock Box Exemption form.docx Rev. 10/2021