

LawrenceFreenet

A Community Connection

December 22, 2008

David Corliss
City Manager
The City of Lawrence
6 East 6th St.
Lawrence, KS 66044

RECEIVED

DEC 23 2008

**CITY MANAGERS OFFICE
LAWRENCE, KS**

Dear Mr. Corliss,

Two years ago we put forward a plan to provide wireless broadband to patrons of Downtown Lawrence businesses free of charge. Several businesses have taken advantage of this including Wheatfields, the Granada and the 8th St. Tap Room. Many more would take advantage of this if our coverage in the area was more consistent.

We are also providing service to individual visitors to our community through a daily pricing program. Last month we provided over 800 individual days of service to visitors to our community, many of them downtown.

When we originally asked to place equipment on the overhead illumination poles along Mass St., our request was denied, largely due to the size of the proposed units.

As a result we developed a solar powered solution to place inside of Lawrencian newspaper boxes. Though these units have served us well, they are very expensive to install and maintain.

We recently had two of these units vandalized and the solar panels stolen. A police report is attached. Due to this theft and the increasingly tightening credit market, we are very hesitant to continue sinking resources into this solution.

To continue providing service to our 1,300 members and 800 visitors in the downtown area, we'd like to install our equipment in the area in the same way we have elsewhere in the community.

We now have over 500 of these radios installed and have a perfect safety record. They are small, unobtrusive and are seldom even noticed.

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We'd like to install these in the following locations:

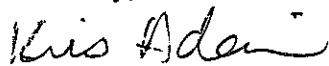
650 Mass St. – West Side	900 Mass St. – NW Corner
700 Mass St. – NW Corner	950 Mass St. – East Side
750 Mass St. – East Side	1000 Mass St. – NW Corner
800 Mass St. – NW Corner	1050 Mass St. – East Side
850 Mass St. – East Side	1100 Mass St. – NW Corner

These units draw less than 7W of electricity and are already prevalent around the community. The overall project represents an investment of around \$10,000 in the downtown area and can be accomplished in a single morning of work by our technicians.

As with all of our installations, we are committed to doing the installation safely and professionally with minimum impact to the appearance of the area.

Please let us know what you need from us to arrange access to these sites. We would be happy to provide engineering documents and photographs of existing installations for consideration.

Sincerely,



Kris Adair
Founding Member
The Lawrence Freenet Project
4105 W. 6th St.
P.O. Box 3532
Lawrence, KS 66046
Ph: (785) 371-4214 ext. 8002
Cl: (785) 840-7989
Fx: (866) 392-5951
kris.adair@lawrencefreenet.org
<http://www.lawrencefreenet.org>

TS L20

KANSAS STANDARD OFFENSE REPORT

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INITIAL DELETE
 MODIFY ADD

<input type="checkbox"/> ON VIEW <input type="checkbox"/> CITIZEN	<input checked="" type="checkbox"/> DISPATCHED	NAME OF AGENCY LAWRENCE POLICE DEPT.	KS AGENCY ORI NUMBER KS0230100	CASE NUMBER 02-08-16705
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DATE OFFENSE STARTED (MMDDCCYY) 12062008	TIME (HHMM) 1000	DATE OFFENSE ENDED (MMDDCCYY) 12132008	TIME (HHMM) 1400	DATE OF REPORT (MMDDCCYY) 12172008
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EXCEPTIONAL CLEARANCE DATE (MMDDCCYY)	EXCEPTIONAL CLEARANCE	A. <input type="checkbox"/> DEATH OF OFFENDER	B. <input type="checkbox"/> PROSECUTION DENIED	C. <input type="checkbox"/> EXTRADITION DENIED
		D. <input type="checkbox"/> VICTIM REFUSES TO TESTIFY	E. <input type="checkbox"/> JUVENILE - NO CUSTODY	N. <input checked="" type="checkbox"/> NOT APPLICABLE

LOCATION OF OFFENSE 800 block of Massachusetts Street	REPORT AREA	TIME REPORTED 1427	TIME ARRIVED 1427	TIME CLEARED 1451
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INCIDENT	CHAPTER 21	SECTION 3701	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION					
	DESCRIPTION Theft						DESCRIPTION										
	PREMISE 08	# OF PREM.	HATE/BIAS 88	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE		PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE						
	TYPE OF THEFT M. <input type="checkbox"/> COIN MACHINE B. <input type="checkbox"/> FROM BUILDING A. <input type="checkbox"/> M V PARTS & ACC. L. <input type="checkbox"/> SHOPLIFTING P. <input type="checkbox"/> POCKET-PICKING S. <input type="checkbox"/> PURSE SNATCHING E. <input type="checkbox"/> EMBEZZLEMENT			T. <input type="checkbox"/> POSS. STOLEN PROP. V. <input type="checkbox"/> MOTOR VEHICLE F. <input type="checkbox"/> THEFT FROM M V D. <input checked="" type="checkbox"/> ALL OTHER N. <input type="checkbox"/> NOT APPLICABLE			TYPE OF FORCE/ WEAPON 11. <input type="checkbox"/> FIREARM <input type="checkbox"/> AUTO 12. <input type="checkbox"/> HANDGUN <input type="checkbox"/> AUTO 13. <input type="checkbox"/> RIFLE <input type="checkbox"/> AUTO 14. <input type="checkbox"/> SHOTGUN <input type="checkbox"/> AUTO 15. <input type="checkbox"/> OTHER FIREARM <input type="checkbox"/> AUTO			TYPE OF THEFT M. <input type="checkbox"/> COIN MACHINE B. <input type="checkbox"/> FROM BUILDING A. <input type="checkbox"/> M V PARTS & ACC. L. <input type="checkbox"/> SHOPLIFTING P. <input type="checkbox"/> POCKET-PICKING S. <input type="checkbox"/> PURSE SNATCHING E. <input type="checkbox"/> EMBEZZLEMENT			T. <input type="checkbox"/> POSS. STOLEN PROP. V. <input type="checkbox"/> MOTOR VEHICLE F. <input type="checkbox"/> THEFT FROM M V D. <input type="checkbox"/> ALL OTHER N. <input type="checkbox"/> NOT APPLICABLE			TYPE OF FORCE/ WEAPON 11. <input type="checkbox"/> FIREARM <input type="checkbox"/> AUTO 12. <input type="checkbox"/> HANDGUN <input type="checkbox"/> AUTO 13. <input type="checkbox"/> RIFLE <input type="checkbox"/> AUTO 14. <input type="checkbox"/> SHOTGUN <input type="checkbox"/> AUTO 15. <input type="checkbox"/> OTHER FIREARM <input type="checkbox"/> AUTO	

TYPE OF VICTIM I. <input type="checkbox"/> INDIVIDUAL S. <input type="checkbox"/> SOCIETY / PUBLIC R. <input type="checkbox"/> RELIGIOUS ORGANIZATION O. <input type="checkbox"/> OTHER B. <input checked="" type="checkbox"/> BUSINESS F. <input type="checkbox"/> FINANCIAL INSTITUTION G. <input type="checkbox"/> GOVERNMENT U. <input type="checkbox"/> UNKNOWN	VICTIM OF OFFENSE NUMBER (CIRCLE) ① 2. 3. 4. 5. 6. 7. 8. 9. 10.
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NAME LAST: Community Wireless Communications Co. FIRST: _____ MIDDLE: _____	ADDRESS: STREET: 4105 W. 6th Street CITY: Lawrence STATE: KS ZIP: 66049
TELEPHONE NUMBER (HOME): _____ RACE: _____ SEX: _____ ETHNICITY: _____ RES. / N-RES.: _____ AGE: _____ DATE OF BIRTH (MMDDCCYY): _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____	DRIVERS LICENSE NUMBER: _____ D L STATE: _____ EMPLOYER / SCHOOL: _____
TELEPHONE NUMBER (WORK / SCHOOL): 866-392-5951	ADDRESS: STREET: _____ CITY: _____ STATE: _____ ZIP: _____
CIRCUM. AGG ASLT / BATTERY (MAX 2)	VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. RU 2. 3. 4. 5. 6. 7. 8. 9. 10.
	TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.

NAME: LAST: Macewan FIRST: Tom MIDDLE: _____	ADDRESS: STREET: 1409 Prospect Avenue CITY: Lawrence STATE: KS ZIP: 66044
TELEPHONE NUMBER (HOME): 785-371-4214 RACE: W SEX: M ETHNICITY: N RES. / N-RES.: R AGE: 30 DATE OF BIRTH (MMDDCCYY): 06131958 HEIGHT: 508 WEIGHT: 200 HAIR: BRO EYES: GRN	EMPLOYER / SCHOOL: Community Wireless Communications Co. ADDRESS: STREET: 4105 W. 6th Street CITY: Lawrence STATE: KS ZIP: 66049 TELEPHONE NUMBER (WORK / SCHOOL): 866-392-5951

TYPE PROPERTY LOSS = NONE 2=BURNED 3= COUNTERFEIT/ FORGERY 4= DESTROYED / DAMAGED / VANDALIZED 5= RECOVERED 6= SEIZED 7= STOLEN 8= UNKNOWN	TYPE LOSS	PROPERTY/ DRUG CODE	DESCRIPTION / SUSPECTED DRUG TYPE	ESTIMATED QUANTITY	FRACTION	TYPE DRUG MEASURE	VALUE	DATE RECOVERED
	7	1199	Solar Panel	1			\$175.00	

REPORTING OFFICER RINKE, AMY	BADGE / ID 0111	DATE 12162008	COPIES TO:	PROPERTY TOTAL \$ 175.00
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TS 6-20

KANSAS STANDARD OFFENSE REPORT

THIS PAGE IS AN OPEN PUBLIC RECORD

INITIAL DELETE
 MODIFY ADD

ON VIEW DISPATCHED CITIZEN NAME OF AGENCY: **LAWRENCE POLICE DEPT.** KS AGENCY ORI NUMBER: **KS0230100** CASE NUMBER: **02-08-16706**

INCIDENT DATE OFFENSE STARTED (MMDDCCYY): **12062008** TIME (HHMM): **1000** DATE OFFENSE ENDED (MMDDCCYY): **12132008** TIME (HHMM): **1400** DATE OF REPORT (MMDDCCYY): **12172008**

EXCEPTIONAL CLEARANCE DATE (MMDDCCYY): EXCEPTONAL CLEARANCE: A DEATH OF OFFENDER B PROSECUTION DENIED C EXTRADITION DENIED
D VICTIM REFUSES TO TESTIFY E JUVENILE - NO CUSTODY N NOT APPLICABLE

LOCATION OF OFFENSE: **900 Block of Massachusetts** REPORT AREA: TIME REPORTED: **1427** TIME ARRIVED: **1427** TIME CLEARED: **1451**

CHAPTER: **21** SECTION: **3701** SUB 1: SUB 2: ATTEMPTED COMPLETED AID / ABET CONSPIRACY SOLICITATION

DESCRIPTION: **Theft** PREMISE: **08** # OF PREM.: HATE/BIAS: **88** CAMPUS CODE: METHOD OF ENTRY: F FORCE N NO FORCE

TYPE OF THEFT: M. COIN MACHINE B. FROM BUILDING A. M V PARTS & ACC. L. SHOPLIFTING P. POCKET-PICKING S. PURSE SNATCHING E. EMBEZZLEMENT
I. POSS. STOLEN PROP. V. MOTOR VEHICLE F. THEFT FROM M V D. ALL OTHER N. NOT APPLICABLE

TYPE OF FORCE / WEAPON: 11. FIREARM AUTO 12. HANDGUN AUTO 13. RIFLE AUTO 14. SHOTGUN AUTO 15. OTHER FIREARM AUTO
20. KNIFE / CUT INSTR. 30. BLUNT OBJECT 35. MOTOR VEHICLE 40. PERSONAL WEAPON 50. POISON 60. EXPLOSIVE 65. FIRE / INCID / DEVICE 70. DRUGS / NARC. 85. ASPHYXIATION 90. OTHER 95. UNKNOWN 99. NONE

OFFENDER SUSPECTED OF USING (SELECT UP TO 3): A. ALCOHOL C. COMPUTER EQUIP. D. DRUGS / NARCOTICS N. NOT APPLICABLE

TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3): B. BUYING / RECEIVING C. CULT / MANU / PUBL D. DIST / SELLING E. EXPLOIT. CHILDREN 0. OPER / PROMOTE / ASSIST P. POSSESS / CONCEAL T. TRANS / TRANSMIT / IMPORT U. USING / CONSUMING

TYPE OF VICTIM: I. INDIVIDUAL S. SOCIETY / PUBLIC R. RELIGIOUS ORGANIZATION 0. OTHER B. BUSINESS F. FINANCIAL INSTITUTION G. GOVERNMENT U. UNKNOWN

NAME: LAST: **Community Wireless Communications Co.** FIRST: MIDDLE: VICTIM OF OFFENSE NUMBER (CIRCLE): **1**

ADDRESS: STREET: **4105 W. 6th Street** CITY: **Lawrence** STATE: **KS** ZIP: **66049**

TELEPHONE NUMBER (HOME): RACE: SEX: ETHNICITY: RES./N-RES. AGE: DATE OF BIRTH (MMDDCCYY): HEIGHT: WEIGHT: HAIR: EYES

DRIVERS LICENSE NUMBER: D L STATE: EMPLOYER / SCHOOL: TELEPHONE NUMBER (WORK / SCHOOL): ADDRESS: STREET: CITY: STATE: ZIP:

8 6 6 - 3 9 2 - 5 9 5 1 ADDRESS: **4105 W. 6th Street** CITY: **Lawrence** STATE: **KS** ZIP: **66049**

CIRCUM. AGG ASLT / BATTERY (MAX 2): VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS): 1. **RU** 2. 3. 4. 5. 6. 7. 8. 9. 10. TYPE OF INJURY (MAX 5): 1. 2. 3. 4. 5.

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TELEPHONE NUMBER (HOME): RACE: SEX: ETHNICITY: RES./N-RES. AGE: DATE OF BIRTH (MMDDCCYY): HEIGHT: WEIGHT: HAIR: EYES
7 8 5 - 3 7 1 - 4 2 1 4 **W** **M** **N** **R** **30** **06131958** **508** **200** **BRO** **GRN**

EMPLOYER / SCHOOL: ADDRESS: STREET: CITY: STATE: ZIP: TELEPHONE NUMBER (WORK / SCHOOL):
Community Wireless Communications Co. **4105 W. 6th Street** **Lawrence** **KS** **66049** **8 6 6 - 3 9 2 - 5 9 5 1**

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TYPE LOSS	PROPERTY / DRUG CODE	DESCRIPTION / SUSPECTED DRUG TYPE	ESTIMATED QUANTTY	FRACTION	TYPE DRUG MEASURE	VALUE	DATE RECOVERED
7	1199	Solar Panel	1			\$175.00	

REPORTING OFFICER: **RINKE, AMY** BADGE # / O: **0111** DATE: **12162008** COPIES TO: PROPERTY TOTAL: **\$ 175.00**