

(Date) \_\_\_\_\_

(Name of Peace Officer in Charge and Address of Local Law Enforcement Agency)

**SUBJECT:** Prohibition of the Carrying of Concealed Handguns at \_\_\_\_\_  
(Hospital Name) and \_\_\_\_\_ (List Name[s] of Hospital Owned  
/or Operated Facility[ies])

Dear \_\_\_\_\_:

This letter is to notify you that all hospital owned and/or operated facilities of \_\_\_\_\_  
(Hospital Name) prohibit the concealed carrying of handguns within their facilities and buildings  
as of January 1, 2007.

Each location has posted the signage at all main entrances and a policy has been developed to  
address the prohibition. A copy of the policy is attached.

\_\_\_\_\_ (Hospital Name) currently operates \_\_\_\_ facilities within your police  
jurisdiction. The facility locations are as follows:

- (Address of Facility)
- (Address of Facility)

In the event that someone comes into these facilities carrying a concealed handgun, the staff will  
politely ask the individual to take the handgun back to their vehicle. If the person refuses, then  
the staff will notify your department, via 911, or by calling ( ) \_\_\_\_-\_\_\_\_\_.

Please feel free to contact me, if you have any questions or need additional information.

Sincerely

(Name and Title of Person in Charge of Security at the Hospital)  
(Address of Facility if Not Part of the Letterhead)

Enclosure