Request and Authorization for Records Release

From: _____

_____

_____

_____

Phone: _____

To: Adrienne J. Renton
Custodian of Records
Southern Platte Fire Protection District
8795 NW N Highway
Kansas City, MO 64153

Authorization is requested for release of the following records:

Title and description of records (specify year).

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Date Received _____ **Authorized Signature** _____

Number of copies:	_____	**$ 0.10 per page (9 X 14 or smaller)**	**$** _____
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Research Fee:	_____	**$ 16.13 per hour**	**$** _____
Incident Report:	_____	**$ 2.00 per report**	**$** _____

Date Sent _____ **Authorized Signature** _____

8/04