

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).

Date Received _____ **Authorized Signature** _____

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

Date Sent _____ **Authorized Signature** _____