



MERRIAM POLICE DEPARTMENT

9000 W. 62ND TR., MERRIAM, KS 66202 (913) 722-7760



Authorization to Furnish Information and RELEASE FROM LIABILITY

I (We) _____, _____
(Name) (Address)

hereby authorize _____
(Name of Collateral)

to provide the **Merriam Police Department** with information concerning the following:

I (We) release from any and all liability: _____

(Signature)

(Address)

(Signature)

(Address)

(Signature of Officer)