



Public Records Request

Town of Coupeville
PO Box 725
Coupeville, WA 98239

Name _____ Date/Time _____

Address _____ Email _____

City _____ State _____ Zip _____

Phone number _____ Fax number _____

If an emergency request, indicate date desired: _____

RECORDS REQUESTED:

Title of Record _____

Date of Record _____

Please describe below the records you are requesting and any additional information that will help us locate them for you.

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature _____



For Office Use Only

Request received by _____ Date request was received _____

Charges _____