



TOWN OF COUPEVILLE
PUBLIC RECORDS REQUEST FORM

Requestor Name: _____ Date: _____

Agency: _____

Requestor Address: _____
Street Suite/Apt

_____ Town State Zip Code

Requestor Phone: _____ Cell: _____ Email: _____

Request Made: In Person In Writing Telephone Fax Email

Preferred Delivery: On-Site Inspection Pick Up U.S. Mail
 Fax (provide number) Email (provide address)

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested, including dates. Also, please include the type of access requested (copying or inspection) and the medium requested.

I agree to pay the actual cost of duplicating, scanning, and/or mailing copies of the requested public records. I understand that the Town is prohibited from disclosing lists of individuals to requestors for commercial purposes and do hereby swear under penalty of law that I will not use or allow others to use such public records for commercial purposes.

Requestor's Signature

Date

TOWN USE ONLY

ROUTING	COST	DISPOSITION
PRR No. _____	Est. Duplication	<input type="checkbox"/> Request Granted
Date Received _____	Cost _____	Date Delivered _____
Staff Name _____	Est. Delivery	<input type="checkbox"/> Record Withheld in part
Dept. _____	Cost _____	(explain)
Dept Forwarded To	Personnel	_____
_____	Cost _____	_____
Date _____	Est. Total	<input type="checkbox"/> Req. Denied (attach
Request forwarded to	Cost _____	explanation)
Attorney for review:	Deposit	<input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount _____	_____
Date _____	Actual Cost _____	_____
Authorized for Release	Date Paid _____	_____
<input type="checkbox"/> No (explain) <input type="checkbox"/> Yes	Comments:	Scanned
_____	_____	Date _____
_____	_____	Filed request form with
_____	_____	Clerk _____
_____	_____	Date
_____	_____	