



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 _____

TOWN USE ONLY

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