



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