



# 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.

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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 \_\_\_\_\_