

**PORT OF COUPEVILLE**  
**PUBLIC DISCLOSURE REQUEST FOR INFORMATION**

Instructions: Any person desiring to inspect or copy public records of the Port of Coupeville may complete this form and deliver it in person to #765 Wonn Rd., Greenbank, WA; mail to Port of Coupeville, PO Box 128, Greenbank, WA 98253; or email to [executivedirector@portofcoupeville.org](mailto:executivedirector@portofcoupeville.org)

**REQUESTOR INFORMATION:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

I WISH TO \_\_\_\_\_ (INSPECT) \_\_\_\_\_ (COPY) THE FOLLOWING RECORDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF REQUESTOR:**

**REQUEST MADE:**

**IN PERSON** \_\_\_\_\_ **BY MAIL** \_\_\_\_\_

**VIA EMAIL** \_\_\_\_\_

Agency Response (to be completed by the Port of Coupeville)

(a) \_\_\_\_\_ Your request has been received and is being processed.

(b) \_\_\_\_\_ The record you requested is attached.

(c) \_\_\_\_\_ We need additional information to respond to your request. (see remarks)

(d) \_\_\_\_\_ the record your requested is exempt from inspection under the law.

(e) \_\_\_\_\_ We do not have the requested record(s). (See remarks)

(f) \_\_\_\_\_  
\_\_\_\_\_

REMARKS:

I certify that the requestor was notified and the request was carried out as stated above:

\_\_\_\_\_