



**Town of Coulee Dam**  
*The Green Oasis at the Foot of Grand Coulee Dam*  
 300 Lincoln  
 Coulee Dam, Washington 99116  
 (509) 633-1091 FAX (509) 633-3252  
 Business Hours 8:00 am to 4:00 pm  
 Monday - Friday

**Request for Disclosure of Public Records**  
 Ord.427; Code 2.105.010

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone # \_\_\_\_\_

Records requested:

Title of Record(s): \_\_\_\_\_

Date of Record(s): \_\_\_\_\_

Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

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

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Number of pages: \_\_\_\_\_

Per Page charge:

8 1/2" x 11" copy paper @ .15 per copy X \_\_\_\_\_ copies = \_\_\_\_\_

11" x 17" copy paper @ .35 per copy X \_\_\_\_\_ copies = \_\_\_\_\_

**Total charge = \_\_\_\_\_**

Office use only:

Department: \_\_\_\_\_

Request received by: \_\_\_\_\_

Request completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_