

WILMINGTON PUBLIC LIBRARY
268 North South St., Wilmington OH 45177
937-382-2417

Public Records Request Form

This form is not mandatory. You are not required to make a written request or provide your identity, but this form will help us fulfill your request in a timely manner.

Name _____ Date _____

Address _____

Phone number _____ Email _____

Please describe what records you would like to review:

How would you like to review the records?

- Inspect the records in person
- Email the records to the email address above
- Mail the records to the address above
- Make paper copies of the records that I may pick up

Employee handling request _____ Date fulfilled _____