



City of Wilmington, Division of Police
Public Records Request

Name (optional, not required by Ohio Law) Today's Date

While not mandatory, if you fill out this form it will help us provide the public records you are requesting in a more timely fashion. With as much specificity as possible, please describe what records you want to review, Please print.

Date of Incident Incident Report Number
Type of Incident Name of Subject(s) Involved
Address of Incident
Any additional information that can assist in identifying the public records you want to review, PLEASE PRINT

Paper copies are .10 cents per page. Photos are .30 cents per page. Accident reports are \$4.00. Mailing charges are assessed at actual cost. There is no charge to inspect records while in the City of Wilmington buildings. There is no charge to receive your public records by electronic mail. EXACT CHANGE required no checks or money orders.

Email Pickup in Person US Postal Inspect in Person

E-Mail Address Telephone Number
Mailing Address

Name of City Employee Handling Request Date Request Was Completed