

City of Wilmington

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Freedom of Information Act Request Form

Requester's Name:			
Address:			
City:		State:	Zip:
Phone No.:	Fax No.:		
Email:			
Date Requested:			
Requested Submitted By:	U.S. Mail	☐ Fax	☐ In Person
Records Sought: *Provide as much specific detail as seeking. You may attach additional pages, if necessary)	possible so the public bo	ody can identif	y the information that you are
Is this request for a Commercial Purpose? (It is a violation of the Freedom of Information Act for a pudisclosing that it is for a commercial purpose if requested			
******** For	Office Use Only	****	*** *
Date Request Received:	Due Dat	e:	
Name:	Title:		
Records made available Request of	denied If denied	d, why?	
Signature		 Da	te