TOWN OF WILMINGTON
SERVICE REQUEST FORM

DATE: RECEIVED BY:

NAME: ADDRESS:

DAYTIME TELEPHONE NO.

WOULD YOU LIKE A COPY OF OUR RESPONSE? ☐ YES ☐ NO

DESCRIBE REQUEST OR COMMENT:

LOCATION OF PROPERTY: MAP/PARCEL:

REFERRED TO: RESPONSE DATE:

ACTION TAKEN:

DEPARTMENT HEAD SIGNATURE: DATE: