

CITY OF CHAMPAIGN POLICE DEPARTMENT
FREEDOM OF INFORMATION ACT REQUEST

Return to FOIO Officer, Champaign Police Department 82 E. University Av., Champaign, IL 61820 or email to: FOIOPOLICE@ci.champaign.il.us

NAME: _____ DATE: _____

ADDRESS: _____

DAYTIME TELEPHONE NUMBER: _____

E-MAIL: _____

Please describe the information/records you are requesting in as much detail as possible. This will enable us to find the records quickly.

Report Number: _____ Date of Incident: _____

Location of Incident: _____

Parties Involved: _____

Description of Incident: _____

I wish to:

- Inspect Only
- Receive Copies Only

(You will be notified by phone when the materials are available)

Certification of Commercial/Non-Commercial Request

"Commercial purpose" means the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services.

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.

I hereby certify that my request is is not for a commercial purpose

Signature of Requestor

Date of Request

COST OF COPIES: Accident Reports - \$5. Other fees provided upon request

OFFICE USE ONLY

DATE DUE: _____ EXTENSION REQUESTED: _____ EXTENSION DATE: _____

COMPLY _____ PARTIALLY COMPLY _____ DENIED _____ CLERK INITIALS: _____