

CITY OF CHAMPAIGN POLICE DEPARTMENT  
FREEDOM OF INFORMATION ACT REQUEST

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

NAME: Ashley Barnes DATE: 12/2/2015

ADDRESS: 904 south side drive

DAYTIME TELEPHONE NUMBER: 2174242500

E-MAIL: ashley.barnes@wandtv.com

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: Matt Rush

Description of Incident: personnel file of Officer Matt Rush

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

 12/2/15  
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: _____