



# SHERIFF DUSTIN D. HEUERMAN CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E. Main Street  
Urbana, Illinois 61801-2702  
(217) 384-1204

### Dustin Heurman

*Sheriff*

ph (217) 384-1205  
fax (217) 384-3023

### Chief Deputy

**Shannon Barrett**

ph (217) 384-1222  
fax (217) 384-1219

### Captain

**Law Enforcement**

**Shane Cook**

ph (217) 384-1207  
fax (217) 384-1219

### Captain/Jail Supt.

**Corrections**

**Karee Voges**

ph (217) 819-3534  
fax (217) 384-1272

### Jail Information

ph (217) 384-1243  
fax (217) 384-1272

### Investigations

ph (217) 384-1213  
fax (217) 384-1219

### Civil Process

ph (217) 384-1204  
fax (217) 384-1219

### Records/Warrants

ph (217) 384-1233

Office Use Only:

Received by: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Date Due: \_\_\_\_\_

## CHAMPAIGN COUNTY FREEDOM OF INFORMATION ACT REQUEST

As a matter of public policy of the State of Illinois, the Freedom of Information Act is not intended to be used to violate individual privacy. All FOIA requests MUST be in writing. In order to comply with a request, certain information may help us to locate, identify and retrieve public records.

Date of Request: \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Date of birth: \_\_\_\_\_ (optional)

Request for record[s]-please check:    Copy                  Inspection

Case Number (if known) \_\_\_\_\_

Record requested [i.e. offense report, accident report, etc.] \*\*please be as specific as possible\*\* \_\_\_\_\_

Date report was filed: \_\_\_\_\_

Address of occurrence: \_\_\_\_\_

Was there an arrest made? \_\_\_\_\_

If so, name of person arrested: \_\_\_\_\_

Victim's name (if applicable): \_\_\_\_\_

Is this request for Commercial Purposes:    Yes                  No

The Freedom of Information Act gives us 5 working days to provide you with the information you have requested and that you are entitled to under that act.

Please provide us with a phone number we can use if we need clarification: \_\_\_\_\_

Please check below how you would like to receive the answer to your request:

\_\_\_\_ U. S. Postage/Mailing Address \_\_\_\_\_

\_\_\_\_ Email/Email Address \_\_\_\_\_

\_\_\_\_ Pickup at the Champaign County Sheriff's Office

\_\_\_\_ Fax/Fax Number \_\_\_\_\_

Requestor Signature: \_\_\_\_\_