



Suffield Police Department

CITIZEN REQUEST FOR TRAFFIC ENFORCEMENT FORM

Date and Time of Request _____ CFS Number _____

Name of Requestor _____

Address of Requestor _____

Telephone Number of Requestor _____

Nature of Concern

- Speeding Commercial Vehicles Stop Sign/Stop Light
 Pedestrian Crosswalk Bicyclist

Other (Explain)

Specific Location of Concern (Be as detailed as possible)

Specific Day(s) of the Week _____

Specific Time(s) of Concern (Be as detailed as possible) _____

Direction of Travel - (North, South, East, West) _____

Description of Alleged Violator's Vehicle (if any)

Name/ID/Badge Number of Person Receiving Request _____