

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

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Speeding | <input type="checkbox"/> Commercial Vehicles | <input type="checkbox"/> Stop Sign/Stop Light |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Crosswalk | <input type="checkbox"/> 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 _____