Suffield Police Department

Anthony J. Riello, *Chief of Police*

CITIZEN REQUEST FOR TRAFFIC ENFORCEMENT FORM

Date of Request _____ Time of Request _____

Call (Dispatch) Number of Request _____

Name of Person Receiving Request _____

Name of Requestor _____

Address of Requestor_____

Telephone Number of Requestor _____

Nature of Concern ( ) Speeding ( ) Commercial Vehicles ( ) Stop Sign

( ) Pedestrian, Bicyclist, Crosswalk ( ) Other (Explain)

Other _____

_____

Specific Location of Concern ("on Mountain Rd." or "on Main St." is not specific enough. A house number and/or major landmark is required) _____

_____

Specific Day(s) of the Week _____

Specific Time(s) of Concern ("Mornings", "Evenings", "Rush Hour" or "All the Time" are not specific enough. Defined timeframes are required) _____

_____

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

Description of Alleged Violator's Vehicle (if any) _____

_____

911 MOUNTAIN RD • SUFFIELD, CONNECTICUT 06078 • TEL (860) 668-3870 • FAX (860) 668-3875