

## Request for Traffic Enforcement

(Return form in person to the Police Department, fax 630-971-4326, or email to nskweres@darien.il.us)

Location of Traffic Comp	olaint:			
Complaint (circle):	Speed Tr	affic Sign	Other:	
Person Requesting:				
Address:				
Home Telephone	:			
Alternate Telephone:				
Additional Comments (to include specific dates, times, vehicles and violations):				
For Departmental Use	Only:			
Date Received:			_ By:	
Action Taken:				
☐ Traffic Counter	Date/Time Placed			By:
	Date/Time Removed			Ву:
<ul><li>Speed Trailer</li></ul>	Date/Time Placed			By:
	Date/Time R	emoved		By:
□ Patrol Enforcement (See Back Side of Form)				
□ Other:	Ву:			Ву:
Follow-Up with Complainant: Date/Time: by				
Comments:				