

## **POLICE DEPARTMENT**

200 South Lincolnway North Aurora, Illinois 60542 Phone: (630) 897-8705 Fax: (630) 897-8700 www.northaurora.org

> Joseph DeLeo CHIEF OF POLICE

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## **TRAFFIC ENFORCEMENT REQUEST**

				Date of Request		
Individual Making Enforcement Request						
Name			Phone Number			
			] [			
Address			E-Mail			
How should we contact you?						
Postal Mail E-mail Telephone Pleas					not contact me	
Тур	e of Complaint(s)	Day(s) of Occurence		Time of Occur	rence	
Spee	eding Vehicles	Sunday	Morning	<b>S</b>	pecific Time Frame	
Stop	o Sign Violators	Monday	Afternoon	From	□ A.M. □ P.M.	
Park	king Violators	Tuesday	Evening			
Lou	d Vehicles	Wednesday	Varies	То	A.M P.M.	
Abandoned Vehicles		Thursday				
Roadway Obstructions		Friday				
Traffic Sign Obstructions		Saturday	Action Requested			
Ped	estrian Actions	Entire Week	The S.M.A.R.	T. in my area ( <b>please</b>	list the location in comments)	
Oth	er		More police	presence.	Traffic Enforcement	
			I just want the police to be aware of the problem.			
Location of the Problem						
(Please be specific)						
<b>Comments</b> (List specific Vehicle, Persons and/or Address Involved )						
This enforcement request will be reviewed by the department Traffic Officer.						
All requests will be prioritized based upon availability of resources.						
Reviewed by:						