RIDGEFIELD POLICE DEPARTMENT

SPEEDING COMPLAINT FORM

| DATE RECEIVED: / / | I DOWN | | |
|----------------------------------|--|---------------------------------------|-------|
| DATE RECEIVED:// | LETTER | IN PERSON | PHONE |
| NAME: | | | |
| ADDRESS: | | • | |
| PHONE #: | | | |
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| LOCATION OF BOAR | | | |
| LOCATION OF ROAD VIOLATION: | | | |
| | DAY OF WEEK: _ | | |
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| | | | |
| CAN COMPLAINANT'S DRIVEWAY | Y BE USED? VES | | |
| OTHER REMARKS: | - 22 002D. 1Lb | | |
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| | 9 10 10 10 10 10 10 10 10 10 10 10 10 10 | Officer's Signat | |
| | | Officer's Signat | ure |
| | | | |
| Letter of Reply Sent? Yes ☐ No ☐ | By Officer | | |