

RIDGEFIELD POLICE DEPARTMENT

SPEEDING COMPLAINT FORM

DATE RECEIVED: ____/____/____

LETTER ☐ IN PERSON ☐ PHONE ☐

NAME: _____

ADDRESS: _____

PHONE #: ____-____-____

LOCATION OF ROAD VIOLATION: _____

TIME: _____ DAY OF WEEK: _____

CAN COMPLAINANT'S DRIVEWAY BE USED? YES ☐ NO ☐

OTHER REMARKS: _____

Officer's Signature

Letter of Reply Sent? Yes ☐ No ☐

By Officer _____