



Office use only

Speed Concern Report

Please note – **ALL** details are required.

Name (Dr / Mr / Mrs / Ms / Miss)

Address:

Postcode:

Tel Number (s):

E mail:

Vehicles exceeding speed limit along: *(Road name):*

at/ near to: *(house number / junction with)*

MON / TUE / WED / THUR / FRI / SAT / SUN / ALL DAYS

Time(s):
(if all day is there any time that you feel is worse)?

Type of vehicle:
(Car / Motorcycle / Lorry / Bus / All Vehicles)

Driven by: Local Residents / General Traffic / Employees of;- *(delete as appropriate)*

- 1.
- 2.
- 3.

Additional Information:

Signature

| | |
|--|----------|
| I would be willing to participate in any Community Action initiatives regarding the issue I have raised. | YES / NO |
|--|----------|

This form should be returned to –
North Yorkshire Police Traffic Bureau, PO Box 809, York, YO31 6DG
email: speedconcerns@northyorkshire.pnn.police.uk

You will receive an acknowledgement