



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 themph 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 Residents / General Traffic / Employees of.....

Additional Information

.....

.....

.....

Signature

I would be willing to participate in any Community Action initiatives regarding the issue I have raised.	YES / NO
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**Post to: North Yorkshire Police, Traffic Bureau, PO Box809 York YO31 6DG
or email to speedconcerns@northyorkshire.pnn.police.uk**