



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 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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**This form should be returned to -
North Yorkshire Police, Traffic Management Office, Fulford Road,
York. YO10 4BY.**