



Traffic Enforcement Request Form

Request No. _____

St. Charles Police Department
Attn: Traffic Safety Officer
1515 W. Main St., St. Charles, IL 60174
Tel. 630.377.4435; Fax 630.443.3722



jschomer@stcharlesil.gov • rclark@stcharlesil.gov

About this Form
The St. Charles Police Department actively responds to complaints of ongoing speeding problems and other traffic infractions that occur within the City. If you believe that there is a speeding or other traffic related issue in your neighborhood, please complete this form and return it to the attention of the Traffic Safety Officer at the e-mail, street address, or fax listed above. Your request will be prioritized based on the availability of our resources and volume of requests received.

| Contact Information for Individual Making Enforcement Request | | | |
|---|---|--------|--|
| Date | | Name | |
| Address | | | |
| Daytime Phone Number | | E-mail | |
| Preferred Method of Contact | <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Postal Mail <input type="checkbox"/> No contact necessary | | |

| Nature of Complaint <i>(choose one)</i> | Address and/or Location(s) of Violations | Other Comments or Remarks | | | | | | | | | | | | | | | | |
|--|---|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|------------------------------------|---------------------------------|-----------------------------------|------------------------------|----------------------------------|---------------------------------|------------------------------------|------------------------------|----------------------------------|---------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Speeding Violations <input type="checkbox"/> Parking Violations <input type="checkbox"/> Loud Vehicles/Motorcycles <input type="checkbox"/> Abandoned Vehicle <input type="checkbox"/> Failure to stop at stop sign <input type="checkbox"/> Failure to stop at light <input type="checkbox"/> Obstruction of Roadway <input type="checkbox"/> Obstruction of Sight <input type="checkbox"/> Pedestrian Concern <input type="checkbox"/> Other | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Days of Occurrence</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Friday</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Saturday</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td><input type="checkbox"/> Sunday</td> </tr> <tr> <td><input type="checkbox"/> Thursday</td> <td><input type="checkbox"/> N/A</td> </tr> </table> <p style="text-align: center;">Time of Occurrence</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Varies</td> </tr> <tr> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Late Night</td> <td></td> </tr> </table> </div> | <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday | <input type="checkbox"/> N/A | <input type="checkbox"/> Morning | <input type="checkbox"/> Varies | <input type="checkbox"/> Afternoon | <input type="checkbox"/> N/A | <input type="checkbox"/> Evening | <input type="checkbox"/> Other: | <input type="checkbox"/> Late Night | | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> N/A | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Varies | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> N/A | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Late Night | | | | | | | | | | | | | | | | | | |

| OFFICE USE ONLY |
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