

# Traffic Enforcement Request Form



**St. Charles Police Department**  
**Attn: Traffic Safety Officer**  
**1515 W. Main St., St. Charles, IL 60174**  
**Tel. 630.377.4435; Fax 630.377.1578**  
[kpoppp@stcharlesil.gov](mailto:kpoppp@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>
<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 _____
_____

Days of Occurrence	
<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
Time of Occurrence	
<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	_____

Location of Complaint <i>(please be specific)</i>

Other Comments or Remarks