

Ridgefield Police Department Speeding Complaint

Date Received / / Letter Ir	n Person Phone
Name:	
Address:	
Phone #: ()	
Location of Road Violation:	
Time(s) when speeding occurs:	
Days(s) when speeding occurs:	
How often:	
Can complainant's driveway be used? Yes	No
Other Remarks:	
	Officer's Signature
Letter of Reply Sent? Yes No	-