

# Van Buren Township Public Safety Department Speed Trailer Request Form

Location of Complaint:
Complainant Name: <input type="checkbox"/> Mr. or <input type="checkbox"/> Mrs.
Telephone:
Address:
PATROL ATTENTION / INSTRUCTIONS:

### Date / Times of Occurrence

Dates:	From:	To:
Day of Week:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thru <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Times:	From:	To:
Receiving Person:	Date:	
Complainant Contacted by:		
Case #:		

### Officers assigned – Special Enforcement

Date:	Officer	Date	Officer