

Weston Police Department



Radar Enforcement Request

Complainant Name _____

Complainant Address _____

Contact Phone Number _____

Area or street you would like radar enforced _____

Can the police department use your driveway? _____

(For Officer Assigned)

Date --- Time --- Activity (Radar, Speed Trailer, Sign Radar)

(UPON COMPLETION OF DETAIL PLEASE RETURN TO CHIEF)