Traffic Section Request Form



Phone: (630) 420-8833

Submit Completed Form via fax (630) 420-6170 or email zookd@naperville.il.us



Please fill in white sections only

Request Date: (Required) Take		Taken By:	ən By:		:	Entered By:	Entry #:
Requesting Party Name: (Required)				Phone #	: (Required)	Date Assigned:	
Requesting Party Address: (Required)					d Pamphlet?	Officer Assigned	
				Yes	No		
Request Typ		Special Event Other:		School R	elated:	Area / Shift Assignment () Day Shift () PM Shift	
Traffic Enforcement Traffic Callout				Yes	No	() Day Shint	() PWI Shint
Complaint						() North Zone	() Central Zone
Location:		Grid:		Time Fran		() South Zone	
			(Specify 2	<u>2 hour block)</u>	()		
Action:		Speed Red Light		ting Issue Stop	Other:	Date Closed:	Closed By:
Categorize request based on most prevalent action.		Drag Race		ool Zone			
0				Ped / ATV		Data Entry Use Only	
Comments:		<u> </u>	I	I			
Please provide a brief description and specific time frame of the request.							
		TR/	AFFIC SECTIO	N USE ONLY	Y BELOW THIS LINE		
Date Tim (From			# Citations	# Violation	s # Residents	Notes	
Total Minutes		#:	#:	#:	Was RP contacted? () Yes () No		
Commente							
Comments:		() Entered					
						Date:	
						() Squad Selective	
						() Hot List	
1. Traffic er	nforcement requ	lests will be wol	rked a minimu	m of two tim	es for at least 15 mi	nutes each time.	

2. Traffic enforcement requests will be completed and returned within 30 days of the date assigned.