



# WEST CHESTER POLICE DEPARTMENT

## REQUEST FOR TRAFFIC SERVICES

### REQUESTOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Years at Current Address: \_\_\_\_\_

### DETAILS OF YOUR REQUEST

What is the issue that you believe the West Chester Police Department should examine?

- Speeding       Truck Traffic       Request Flashing Speed Sign  
 Stop Sign       Excess Volume       Other \_\_\_\_\_

Location of the Issue: \_\_\_\_\_

Time / Day of the Issue: \_\_\_\_\_

Has this issue been studied by the West Chester Police before?       YES       NO

### PLEASE PROVIDE A BRIEF OVERVIEW OF THIS TRAFFIC REQUEST

E-MAIL YOUR COMPLETED REQUEST TO SERGEANT CHRIS DALY AT [cdaly@west-chester.com](mailto:cdaly@west-chester.com)