



**Speed Concern Report**

*Please note - ALL details are required.*

Name (Dr / Mr / Mrs / Ms / Miss) .....

Address.....

Postcode.....Tel Number(s) .....

Email .....

Vehicles exceeding speed limit along (Road name)

at / near to (house number / junction with)

**MON/TUE/ WED /THUR/FRI / SAT/SUN /ALL DAYS**

Time(s).....if all day is there any time that you feel is worse.....

Type of vehicle Car / Motorcycle / Lorry / Bus / All Vehicles

driven by Residents / General Traffic / Employees of.....

Additional Information .....

**Signature** .....

I would be willing to participate in any Community  
Action initiatives regarding the issue I have raised.

**YES/ NO**

**This form should be returned to -  
North Yorkshire Police, Traffic Management Office, Fulford Road,  
York. YO10 413Y.**

**You will receive an acknowledgement.**