

Traffic Enforcement Request Form



Rockaway Township Police Department
Traffic Bureau
65 Mount Hope Road
Rockaway, New Jersey 07866
Tel. (973) 625-4000 ext. 1003
Traffic@rktpd.org



About this Form
<p>The Rockaway Township Police Department actively responds to complaints of ongoing speeding problems and other traffic infractions that occur within the Township.</p> <p>If you believe that there is a speeding or other traffic related issue in your neighborhood, please complete this form and return it to the attention of the Traffic Bureau at the address or email Traffic@rktpd.org. Your request will be prioritized based on the availability of our resources and volume of requests received.</p>

Date	
Contact Information for Individual Making Enforcement Request	
Name	Daytime Telephone Number
Address	E-Mail Address

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">Nature of Complaint <i>(Choose One)</i></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Speeding Vehicles Parking Violations Loud Vehicles/Motorcycles Abandoned Vehicle Failure to stop at stop sign Failure to stop at light Obstruction of Roadway Obstruction of Sight Pedestrian Concern Other _____ </td> </tr> </tbody> </table>	Nature of Complaint <i>(Choose One)</i>	Speeding Vehicles Parking Violations Loud Vehicles/Motorcycles Abandoned Vehicle Failure to stop at stop sign Failure to stop at light Obstruction of Roadway Obstruction of Sight Pedestrian Concern Other _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">Days of Occurrence</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Monday</td> <td style="width: 50%;">Friday</td> </tr> <tr> <td>Tuesday</td> <td>Saturday</td> </tr> <tr> <td>Wednesday</td> <td>Sunday</td> </tr> <tr> <td>Thursday</td> <td>N/A</td> </tr> </table> </td> </tr> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">Time of Occurrence</th> </tr> <tr> <td style="padding: 5px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Morning</td> <td style="width: 50%;">Late Night</td> </tr> <tr> <td>Afternoon</td> <td>Various</td> </tr> <tr> <td>Evening</td> <td>N/A</td> </tr> </table> </td> </tr> </tbody> </table>	Days of Occurrence	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Monday</td> <td style="width: 50%;">Friday</td> </tr> <tr> <td>Tuesday</td> <td>Saturday</td> </tr> <tr> <td>Wednesday</td> <td>Sunday</td> </tr> <tr> <td>Thursday</td> <td>N/A</td> </tr> </table>	Monday	Friday	Tuesday	Saturday	Wednesday	Sunday	Thursday	N/A	Time of Occurrence	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Morning</td> <td style="width: 50%;">Late Night</td> </tr> <tr> <td>Afternoon</td> <td>Various</td> </tr> <tr> <td>Evening</td> <td>N/A</td> </tr> </table>	Morning	Late Night	Afternoon	Various	Evening	N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">Location of Complaint <i>(please be specific)</i></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> </tr> </tbody> </table>	Location of Complaint <i>(please be specific)</i>	
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