



CITY OF DORAL POLICE DEPARTMENT

6100 NW 99th Avenue

Doral, FL 33178

305-593-6699 Ext. 2542

Info@doralpd.com

TRAFFIC CONCERN REPORTING FORM

Your Name:
Phone Number:
E-mail Address:

Location of Traffic Concern:
Type of traffic concern: (select all that apply)
Speeding _____ Stop Sign _____ Traffic Signal _____ Other concern: _____

Day(s) of the week you notice the concern: (select all that apply)				Times you notice the concern: (select all that apply)	
Sunday	Monday	Tuesday	Wednesday	Morning rush hour	Evening rush hour
Thursday	Friday	Saturday	Every Day	Between _____ and _____	All of the time

If a specific vehicle is causing the concern, please provide the following information:	
Make:	Color:
Model:	Description of driver:

Describe in detail your concern:

Under Florida law, email addresses are public record. If you do not want your email address released in response to a public records request, do not send email to this entity.

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE	
Date Received:	Received/ Reviewed by:
Date Closed:	Disposition: