Franklin Law Enforcement Center
9455 W. Loomis Road
Franklin, WI 53132
414-425-2522

TRAFFIC ENFORCEMENT REQUEST FORM

DATE: _____/_____/_____ **LOCATION OF PROBLEM**: _____

TIME OCCURRING (BE SPECIFIC-REQUIRED)**:** _____

TYPE OF PROBLEM: _____ (i.e.: SPEEDING, STOP SIGN/SIGNAL VIOLATION, OTHER)

REQUESTING PERSON: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____

PHONE: HOME: (_____)_____ WORK: (_____)_____

EMAIL ADDRESS: _____

ADDITIONAL INFORMATION: _____

_____

_____

DATE RECEIVED: _____ **TIME**: _____ **RECEIVED BY**: _____