



Speed Concern Report

CONTACT DETAILS

*Please note – **ALL** details are required.*

Title: (Mr, Mrs, Ms, Miss, Dr, Prof, etc)

Name:

Address:

.....
.....

Postcode:

Tel:

Email

Vehicles exceeding speed limit along (Road name / at / near to / junction with)

.....

INCIDENT DETAILS

Please Circle the Day of the Week when the speeding occurred

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

What Time:

If all day is there any time that you feel is worse:

Type of vehicle:

Signature:

Date:

Please return your completed form to your local North Yorkshire County Council Highways Area Office as shown below.

You will receive an acknowledgement

Area	Postal address	e-mail address
4 - Ryedale	NYCC Highways & Transportation Area 4 Pickering Office Beansheaf Industrian Park Tofts Rd Kirby Misperton, Malton YO17 6BG	Area4.kirbymisperton@northyorks.gov.uk