



Snyder Police Department Radar Trailer Request

Date: _____

Reporting Citizens Last Name: _____

Reporting Citizens First Name: _____

Street Address _____

City _____ State _____ Zip _____

Phone Number (Day) _____ Phone Number (Night) _____

Email: _____

Name of Street Where Speeding Violations Occur _____

Direction Speeding Vehicles are Traveling _____

Time of Day Speeding Violations Occur _____ (AM \ PM)

Additional
Information:

If you would like to print & fax this form, please fax it to 325-573-1504 or you can mail/ deliver in person to 400 37th Street Snyder, TX 79549. Your information will be kept strictly confidential.