

CANBY POLICE DEPARTMENT
Speed Watch Radar Trailer Request



Requested by:

Name: _____ Date of Request: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Best time to contact you: _____

Location of concern: _____

Describe the area/street where traffic problem exists: _____

Return From to: E-mail to PDRecords @canbypolice.com
Fax 503-266-9316
Mail or drop off: 1175 NW 3rd Ave., Canby OR 970132

Department Use:

Request Rcvd. By: _____
Records or Police Officer Date

Referred to: _____

Radar Trailer posted on site date/time: _____

Radar Trailer removed from site date/time: _____

Officer: Return original form after complete to Records for filing in accordance with State Retention guidelines.