OSWEGO POLICE DEPARTMENT
COMMUNITY TRAFFIC CONCERNS

Date: _____

Name***: _____

Address***: _____

Telephone***: _____

E-mail: _____

*** *Mandatory Fields, which must be complete for form to be accepted* ***

Description of your concern: _____

_____

_____

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Please mail or fax the form to the following location:

Oswego Police Department
Attn: Traffic Unit
3355 Woolley Road Oswego, IL 60543
Fax: (630) 554-9379