



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: _____

Please mail or fax the form to the following location:

Oswego Police Department
Attn: Traffic Unit
3525 Route 34
Oswego, IL 60543
Fax: (630) 554-9379