## **Northampton Township**

**Police Department** 

## How do I report a traffic safety concern or request a traffic safety review of my neighborhood?

- 1. First determine what you are concerned about.
- 2. IF THE PROBLEM IS AN EMERGENCY, PLEASE CALL THE POLICE DISPATCH CENTER BY DIALING 9-1-1.
- 3. If not an emergency you should then contact the Police Department with your concern by either:
  - 1. Calling the Police Dispatch Center 215-357-8700 and request a Police Officer be sent to your location in Northampton Township to discuss your concern.
  - 2. If you will be sending a letter to the Police Department you may mail your letter or this questionnaire and attach any supporting documents to the Office of the Chief of Police, Northampton Township Police Department, 50 Township Road, Richboro, PA 18954.
  - 3. You may stop at the Police Administration Building and drop off material in person.

Sometimes you don't know who to call when you have a concern, so we hope that this flyer helps point you in the right direction.

- TRAFFIC SAFETY ENFORCEMENT & STUDIES: One of the Police Department's primary tasks is to address the traffic safety concerns in our community. Therefore, if you have a traffic safety concern, please let us know what it is and we will do our best to try and address it for you.
- CHANGING SPEED LIMITS & POSTING OF SIGNS: Although the Police Department patrols all of the roads in the Township, only the Pennsylvania Department of Transportation [PennDot] can authorize certain signs or speed limit changes or other traffic control device installations or changes to occur on State roads. Changes on Township roads are within the preview of the Board of Supervisors. Such changes generally require a traffic study and legislative action by the Board.

PLEASE TURN THE PAGE OVER AND FILL OUT THE FORM ON THE REVERSE SIDE BEFORE SENDING IT TO THE POLICE DEPARTMENT WITH YOUR TRAFFIC CONCERN.

## PLEASE DESCRIBE YOUR TRAFFIC SAFETY CONCERN BELOW:

Time Submitted Day S		ubmitted	Date Submitted	Received	ł Ву	Assigned To	
First Name		Last Name	[AGE: ]		Home To	elephone Number	
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Complete Home Address							
Actual Location of the Concern							
Best Contact Time   Best Contact Day   Best Contact Number					Work Te	lephone Number	
Best Contact Time Best		Contact Day	Dest Contact 14			The state of the s	
DESCRIBE YOUR CONCERN:							
*							
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SIGNATURE:							
X				DATE:			
[ ] CHECK IF ADDITIONAL INFORMATION OR DOCUMENTS ARE ATTACHED							