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Citizen Report Form

Do not attempt to complete this form while driving your vehicle.

Incident Date: _____ Time: _____ A.M./ P.M.

Incident Location: _____

How to submit your information:

1. **Email:** info@selwyntownship.ca
2. **Fax:** 705-292-8964
3. **Drop off:** Township of Selwyn Municipal Office (there is a 24 hour drop box at front entrance)
4. **Mail:** Township of Selwyn, P.O. Box 270, Bridgenorth, Ontario, K0L 1H0

Unsafe Driver Plate # _____ Province _____ Driver: **M** or **F**

Vehicle Information Car Truck Van Motorcycle Model _____ Colour _____

Reported by: Name: _____ Signature: _____

Address: _____

City: _____ Postal Code: _____

**Your name will be
Kept confidential.**

Phone: _____ Bus.: _____

Details of Incident: _____

For Emergencies Call 911

Help keep our roadways safe! Report aggressive drivers!