 

**Speed Identification Device (SID) Request Form**

Contact Name: xxx

Contact Telephone Number: xxx

Email address for report to be sent to: xxx

Best Time for PCSP to Contact you if we need further information: xxx

Town/village/area requiring SID: xxx

Exact Road(s) the SID is required to be sited on: xxx

Speed Limit of road requiring SID unit: xx

Reason for SID request:

xxxx

How did you hear about the SID units?

xxxx

Have you heard of the Causeway Coast and Glens Policing and Community Partnership (PCSP), if so how?

xxxx

Are you aware that Causeway Coast and Glens PCSP fund the SID units that PSNI deploy, if so how?

xxxx

I, the undersigned, give permission for the PCSP to place my details on a computerised database system for use only in conjunction with the Speed Identification Devices programme. I also give permission for the PCSP to pass my details onto the PSNI as they assist with the SID units in partnership with CC&G PCSP.

Please email this request back to [melissa.lemon@causewaycoastandglens.gov.uk](mailto:melissa.lemon@causewaycoastandglens.gov.uk)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

**Community SID Report – Completed by PSCP and sent to requester**

Date of Issue: xx/xx/xx

Location of SID: XXXX

1st Direction of Travel: XXXX

Speed limit: xx mph

Deployment dates: xx/xx/xx to xx/xx/xx

Total Amount of Vehicles past SID during deployment dates: XXXX

Total amount of Vehicles passing SID travelling at 6-11mph over the speed limit: XXXX

Percentage of vehicles travelling at 6-11mph over the speed limit against total traffic passing SID unit: XXXX%

Total amount of Vehicles passing SID travelling 11mph+ over the speed limit: XXXX

Percentage of vehicles travelling 11mph+ over the speed limit against total traffic passing SID unit: XXXX%

Average speed of all Vehicles passing the SID unit: XXX mph

Text

Description automatically generated Logo

Description automatically generated

Location of SID: XXXX

2nd Direction of Travel: XXXX

Speed limit: xx mph

Deployment dates: xx/xx/xx to xx/xx/xx

Total Amount of Vehicles past SID during deployment dates: XXXX

Total amount of Vehicles passing SID travelling at 6-11mph over the speed limit: XXXX

Percentage of vehicles travelling at 6-11mph over the speed limit against total traffic passing SID unit: XXXX%

Total amount of Vehicles passing SID travelling 11mph+ over the speed limit: XXXX

Percentage of vehicles travelling 11mph+ over the speed limit against total traffic passing SID unit: XXXX%

Average speed of all Vehicles passing the SID unit: XXX mph

Thank you for submitting the request to have a SID unit monitor the speed of cars in your area.

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