

Speed Identification Device (SID) Request Form

Contact Name:

Contact Telephone Number:

Email address for report to be sent to:

Best Time for PSNI to Contact you:

Town/village/area requiring SID:

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

Speed Limit of road requiring SID unit:

Reason for SID request:

How did you hear about the SID units?

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

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

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 operate the SID units in partnership with CC&G PCSP.

Please email this request back to melissa.lemon@causewaycoastandglens.gov.uk

Signed _____ Date _____

Community SID Report – Completed by PCSP

Date of Issue:

Issuing Officer:

Location of SID:

Direction of Travel:

Deployment date:

Total Amount of Vehicles past SID during deployment dates:

Total amount of Vehicles pasting SID travelling at 36-41mph:

Percentage of vehicles travelling at 36-41mph against total traffic passing SID unit:

Total amount of Vehicles passing SID travelling at 41mph and above:

Percentage of vehicles travelling at 41mph and above against total traffic passing SID unit:

Average speed of all Vehicles passing the SID unit:

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