



Uxbridge Police Department
Traffic Enforcement Unit
275 Douglas Street
Uxbridge, MA 01569

Request for Traffic Enforcement

Name: _____

Address: _____

Phone #: _____

Email: _____

Location requested: _____

Reason requested: _____

Time of day: _____

Please fill out this form and submit to the Uxbridge Police Department attention traffic enforcement unit at the address above so that we can direct our attention and selective enforcement posts to where you are concerned.