



DATE _____

HIDDEN HILLS
REPORT OF TRAFFIC VIOLATION

* License Plate: _____

* Description of Violation:

* Date of Occurrence: _____

* Location: _____

Driver: _____

Vehicle Make: _____

Vehicle Color: _____

Additional Information/Comments

* Information for these items must be provided for a *valid* report. The other information is not essential, but very helpful. Please return to City Hall (6165 Spring Valley Road) or by email at staff@hiddenhillscity.org.