

Paul E. Storti
Chief of Police



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TOWN OF GREAT BARRINGTON MASSACHUSETTS

POLICE DEPARTMENT

Traffic Complaint Form **Submit to Chief of Police

Date received _____ By _____

Location of Request _____

Day(s)/ Time(s) Occurring _____

Reason _____

Person Complaining _____

Address _____

E-mail _____

Phone number _____

Additional Comments _____

ADMINISTRATIVE USE

Action taken _____
