



Village of Marvin Radar Request Form

Name: _____

Address: _____

Phone: _____

Radar Trailer Placement Request Location: *(Street, Intersection, Address)*

Subdivision: *(If Applicable)* _____

HOA Contact Name and Phone Number: _____

Reason for Radar Trailer Request: _____

Is there access to a 120V if an extension cord is provided? _____

Please Note:

The trailer area will be placed in an area that ensures that traffic will not be impeded. This may result in the placement in an area next to the street or on the side-walk.

**Please fax or email this form to: Deputy Ed Swan
Village of Marvin
Email: publicsafety@marvinncc.org
Fax: 704-843-1680**

Office Use Only:

Date Rec'd: _____

Time Rec'd: _____

Rec'd By: _____

Last Saved Date: 7/5/12 6:25 PM