

**Chebeague Island School Department
School Committee Policy**

EEBA-E1

NOTIFICATION OF TRAFFIC VIOLATION

The following information is provided by the below named driver to comply with the requirements of Chebeague Island School Department policy EEBA.

Driver's Full Name: _____

Driver's Address: _____

_____ (____) _____
City State Zip Phone Number

Driver's License # _____ State: _____

Date of Alleged Violation: _____ Citation # _____

Vehicle Operated (check one):

____ Personal Vehicle ____ District Vehicle License #: _____

Other (describe): _____

Location of Offense: City/Town/County: _____ State: _____

Nature of Violation: _____

Disposition of Case (pending, bail, forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc.):

Date of Conviction, guilty plea or plea of nolo contendere (if that has occurred as of the date of report):

Driver's Signature: _____ Date: _____