



Report a Violator to the Porter County Sheriff's Office



By submitting this form I agree that the information contained herein is true and accurate to the best of my knowledge. I affirm that I am at least 18 years old, and personally witnessed the described violation.

You will not be contacted unless we need to clarify some of the information about the reported violation. Your Personal Information will remain confidential.

Your Name: _____

Address: _____

Phone: _____ Email: _____

It is important that you fill in the details of what you saw as completely as possible so that we can contact the owner of the vehicle.

Date of the violation: _____ Time: _____ am/pm

Location (Example: "Going south on Rt.49, just north of 300S."): _____

Vehicle description: (Be as detailed as you can, including year, make, model, color, special markings, damaged body, etc.)

Vehicle License Plate Number: _____

Describe the violation: _____

Remember; this program depends on your accurate information.
Knowingly or intentionally providing *false* information is a crime.

After completing this form please email it to: sheriff@portercountysheriff.com
or mail it to: Sheriff David Lain; 2755 St. Rd.49; Valparaiso, IN 46383