



**TOWN OF MAMARONECK POLICE DEPARTMENT**  
**CAR SEAT INSTALLATION PRE-APPOINTMENT**  
**INFORMATION FORM**

**REQUESTOR'S INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Requestor's DOB: \_\_\_\_\_ Expectant Mother: \_\_\_\_\_ YES \_\_\_\_\_ NO

Best Time to Contact: \_\_\_\_\_

**VEHICLE INFORMATION**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Passenger Air Bags: \_\_\_\_\_ YES \_\_\_\_\_ NO Side Impact Air Bags: \_\_\_\_\_ YES \_\_\_\_\_ NO

Plate #: \_\_\_\_\_

**CAR SEAT INFORMATION**

Brand: \_\_\_\_\_ Model: \_\_\_\_\_

**\*IMPORTANT\***

**PLEASE BRING THE OWNER'S MANUALS FOR BOTH THE VEHICLE AND THE CAR SEAT THAT IS  
TO BE INSTALLED TO THE APPOINTMENT.**

**CHILD'S INFORMATION**

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

A Certified Child Passenger Safety Technician will contact you to arrange an appointment.