

**GARDNER POLICE DEPARTMENT**  
**CAR SEAT INSTALLATION APPOINTMENT WORKSHEET**

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BRAND OF SEAT: \_\_\_\_\_

MODEL OF SEAT: \_\_\_\_\_

SERIAL NUMBER\*: \_\_\_\_\_

DATE OF MANUFACTURE\*: \_\_\_\_\_

CAR SEAT NEW/USED: \_\_\_\_\_

SEAT BEEN IN ACCIDENT?: \_\_\_\_\_

CHILD AGE / HT. / WT.: \_\_\_\_\_

\* THIS INFORMATION CAN BE FOUND ON A LABEL ON THE CAR SEAT ITSELF. EITHER ON THE BOTTOM OR ALONG THE SIDES.

***PLEASE USE THIS FORM SO THAT YOU HAVE ALL THE INFORMATION NEEDED TO MAKE YOUR CAR SEAT INSTALLATION APPOINTMENT.***

***THIS INFORMATION IS IMPORTANT SO THAT A DETERMINATION CAN BE MADE THAT YOU HAVE A PROPER SEAT FOR YOUR CHILD BEFORE COMING TO THE APPOINTMENT.***

***IF YOU DO NOT HAVE ALL THE REQUIRED INFORMATION, YOU WILL NOT BE GIVEN AN APPOINTMENT.***