



BOLTON POLICE DEPARTMENT

657 MAIN STREET
BOLTON MASSACHUSETTS 01740

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Chief of Police

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BOLTON POLICE DEPARTMENT CAR SEAT INSTALLATION APPLICATION

DRIVERS NAME:

HOME ADDRESS:

CITY: STATE: ZIP:

PHONE NUMBER:

MOBILE NUMBER (OPT.): WORK NUMBER (OPT.):

CHILD'S NAME:

CHILD'S AGE: HEIGHT: WEIGHT: EXPECTANT PARENT? Y N

TYPE OF CHILD SEAT: INFANT
 CONVERTIBLE
 FORWARD FACING
 BOOSTER
 OTHER _____

VEHICLE YEAR: MAKE: MODEL:

SEAT MANUFACTURER: SEAT MODEL NUMBER: DATE OF MANUFACTURE:

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE

DOES THE SEAT MEET FMVSS 213 SAFETY STANDARDS? Y N
HAS THE SEAT BEEN RECALLED? Y N
ARE YOU THE ORIGINAL OWNER OF THE SEAT? Y N
HAS THE CAR SEAT BEEN INVOLVED IN A CRASH OR ACCIDENT? Y N

Thank you for completing the following application. You will be contacted by a Bolton Police Technician to set up an appointment to have your child seat inspected and installed.