

Please take the time to fill out the following information and submit to
jordway@waylandpolice.com
***Car Seat Inspections are conducted by APPOINTMENT ONLY**

Driver's Name:

Home Address:

City: **State:** **Zip Code:**

Home Phone:

Cell Phone:

Email Address:

Best Days/Time to Contact You:

How/Where did you hear about program?

Child Information (Required)

Expectant Parent: Y/N if yes, Due Date:

Child's Age: Height: Weight:

Child's Age: Height: Weight:

Vehicle Information

Vehicle Year: Make: Model:

***LATCH System: Y/N**

***Information can be found in vehicles owner's manual**

Car Seat Information (if available)

Make:

Type (ie.-infant, rear-facing, etc):

***LATCH system: Y/N**

***Information can be found in owner's manual**