Instructions:	
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- 1) Download Form and Save to your Computer
- 2) Open PDF form on your computer and fill out (leave appt. times blank)
- 3) Save PDF form and email to: Traffic@BethelParkpolice.net

## 4) If you have trouble filling out this form, call 412.831.6800 x418 CAR SEAT APPOINTMENT REQUEST

Car Seat Check Date	e:								
Appt. Time:									
Name:									
Email Address:									
Name of Caregiver/p	arent coming:								
Best phone # (to contact on checkdate)									
Have you ever been to a car seat check? Y /N (If no, be advised the check takes about 30 minutes.								utes.)	
How many children ride in the car? How many car seats need checked?									
Number of Cars?									
Type of Vehicle: Mak	<b>ke</b>	Model		Year					
Seat 1									
Age of child	yrs.	months	Expectan	t Mom?	Y	Ν			
Able to bring child?	Y N	lf no, weight	of child?	heig	ght?				
New Seat Installation	n? Y	N Are y	ou the original owner	of the s	eat?	Y	Ν		
Type of car seat	Infant (need	top and bottom	ı) Convertible (F	/R	1	Turn	around)		
Seat 2	Combo		BPB						
Age of child	yrs.	months	Expectant Mom?	Y	Ν				
Able to bring child?	Y N	lf no, weight	of child?	heig	ht?				
New Seat Installation	n? Y	N Are y	ou the original owner	of the s	eat?	Y	N		
Type of car seat	Infant (need	top and bottom	i) Convertible (F	/R	1	Turn	around)		
	Combo		ВРВ						

For Office Use Only below this line:

Call taken by: \_\_\_\_\_ Date:

Things to tell the caller:

- Please bring with you the owner's manual to your vehicle and the car seat
- Please bring anything you plan on using with the car seat
- If you need to cancel please call so we an give the appointment to someone else