



Request for Child Safety Seat Inspection/Installation

Date & Time: _____

Location: _____

Name: _____

Make, Model & Year of Vehicle: _____

Child #1: Rear Facing Forward Facing Make & Model of current seat: _____

Age: _____ Height: _____(inches) Weight: _____

Special considerations: _____

Child #2: Rear Facing Forward Facing Make & Model of current seat: _____

Age: _____ Height: _____(inches) Weight: _____

Special considerations: _____

Child #3: Rear Facing Forward Facing Make & Model of current seat: _____

Age: _____ Height: _____(inches) Weight: _____

Special considerations: _____

Child #4: Rear Facing Forward Facing Make & Model of current seat: _____

Age: _____ Height: _____(inches) Weight: _____

Special considerations: _____