



# Mansfield Township Police Department

## Child Safety Seat Registration Form

Please Fax, mail, or Drop Off this completed Registration Form to:

Mansfield Twp Police Department  
PO Box 177  
190-A Atlantic Ave  
Columbus, NJ 08022  
FAX: (609) 298-6625

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Child Seat Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_

### Appointment Request Information

#### First Choice:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### Second Choice:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Appointment Confirmation (Do Not Fill In for Office Use Only)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Confirmed By: \_\_\_\_\_

Method Confirmed: \_\_\_\_\_