



Town of Stow POLICE DEPARTMENT

305 Great Road
Stow, Massachusetts 01775

(978) 897-4545

FAX (978) 897-3692

Email: stowchief@comcast.net

William Bosworth
Chief of Police

Child Safety Seat Installation Application

APPLICANT INFORMATION		
Name:	Address:	
Tel #:		
Alt Tel #:		
CHILD INFORMATION		
Name:	Height:	
Date of Birth:	Weight:	
CHILD SAFETY SEAT INFORMATION		
Type of Child Restraint:	Infant	CSS BRAND:
	RF Convertible	CSS MODEL:
	FF Convertible	
	High Back Booster	DATE OF MANUFACTURE:
Booster		
Other		
Please answer the following questions:		
Are you the original owner of the car seat?	YES	NO
Has the car seat been involved in a crash?	YES	NO
Does the car seat meet FMVSS 213 Safety Standards?	YES	NO
Has the car seat been recalled?	YES	NO
Waiver		
<p><i>I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of car seats. That this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of the car seat, the car seat provided or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. For these reasons, I hereby release the Stow Police Department, the Town of Stow, and other participating agencies and/or organizations, and any program participants from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.</i></p>		
Signature	Date	
<p>Thank you for completing the following application. You will be contacted by a Stow Police Car Seat technician shortly to schedule an appointment to have your child safety seat inspected and installed.</p>		