FOREST VIEW
POLICE DEPARTMENT

CHILD PASSENGER SAFETY
APPOINTMENT REQUEST

Name: _____

Date: _____

Phone: _____

Email: _____

Vehicle Information

(MakeModel/Year): _____

Car Seat Information:

Car Seat Model/Type: _____

Installation method:

□ Tether □ Lower anchors, □ Rear-facing

□ Integrated seat □ Booster/Seat belt, □ Forward-facing

Child Information: (age, height, weight, special needs):_____

_____

_____

FOLLOW-UP PREFERENCES

Best time to call: □ Morning □ Afternoon □ Evening

Preferred contact method: □ Phone □ Email □ Text

ACTION TAKEN (OFFICE USE ONLY)

□ Message passed to Officer Guzman

□ Appointment scheduled for: _____ at _____

Note: ***Please make sure to bring your car seat manual with you.***

Please return this form to the Forest View Police Department or email us at Records@forestview-il.org.