

Child Safety Seat Inspection Form



Customer Information

Please Print

Name _____ Relationship to child _____
Address _____ Child's Name _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____ Email address _____
Repeat Customer? Yes No

Child Information

Child's Age Expectant Parent 0-6 mos 7-12 mos 13-18 mos 19-24 mos 2 yrs
 3 yrs 4 yrs 5 yrs 6 yrs 7 yrs 8 yrs 8-12 yrs
Weight (lbs) _____ Height (inches) _____ Date of Birth _____

Vehicle Information

Vehicle Make _____ Vehicle Model _____ Vehicle Year _____

Release Waiver

I understand and agree that the sole purpose of this program is to help reduce the incident of improper installation of child safety 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 safety seat, the car safety 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 crash. For these reasons, I hereby release the Town of Manlius Police Department, and any program partners or participants, from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.

Driver's Signature _____ Date _____

Inspector Resource Information

Child Safety Seat Manufacturer Hotlines

Britax	888-427-4829	Evenflo / Gerry	800-543-8954
Graco / Century	800-837-4044	Fisher-Price	800-432-5437
Cosco	800-544-1108	Kolcraft / Playskool	800-453-7673