Car Seat Installation Request

Please fill out the information below and email to info@bstgfiredistrict.org
Please keep in mind that you do not have to be a resident of our district.

Customer Information

1. Your Name:
2. Your Address:
3. Telephone Number:
4. Date and Time Preferred:
   a. Date Option 1:
   b. Date Option 2:

Seat Information

1. Number of Seats Being Installed:
2. Brand of Seat:
3. Child Information
   a. Number of Children
   b. Age of Children
   c. Height and Weight of Children
4. Condition of Seat
   a. New
   b. Used
5. Type of Seat
   a. Rear Facing
   b. Front Facing
   c. Booster
Vehicle Information

1. Vehicle Make
2. Vehicle Model
3. Vehicle Year

Please make sure to bring the following information/and or materials with you:
1. Car Seat or Seats
2. All paperwork from the seat/ seats
4. If you are able to…please bring the child!