



# WEST LAFAYETTE FIRE DEPARTMENT

300 NORTH STREET  
WEST LAFAYETTE, INDIANA 47906

**765.775.5175**

*Ensuring West Lafayette is always a safe and great place to work, live, and play.*

## CAR SEAT INSTALLATION REQUEST FORM

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Car Seat Make \_\_\_\_\_ Car Seat Model \_\_\_\_\_ Car Seat Manufacture Date \_\_\_\_\_

Reason for Car Seat Installation Request:

- New Car Seat Installation (I have my own car seat)
- New Car Seat Installation (I do NOT have a car seat and need one)
- Existing Car Seat Installation Check

Please email completed form to: [WLFAdmin@westlafayette.in.gov](mailto:WLFAdmin@westlafayette.in.gov)