

NMCSSDP Confirmation of Child Safety Seats Received

Please complete and return to **Safer** each time your site receives a shipment of seats.

Name of distribution site:

Name of NMCSSDP Coordinator:

Date:

REPORTING CHILD SAFETY SEATS RECEIVED

Please write the number and type of child safety seats received by your site below. Seats acquired from a source other than **Safer** should not be included in this report.

- _____ Car beds
- _____ Convertible seats
- _____ Combination seats (booster w/harness)
- _____ High-back booster seats
- _____ Low-back booster seats

Please mail or fax completed form to:

Safer New Mexico Now
Attn: Program Coordinator
9400 Holly Avenue NE, Suite 201
Albuquerque, NM 87122

Fax: (505) 332-7757



Thank you for your participation in the New Mexico Child Safety Seat Distribution Program. If you have any questions, please call Safer at (505) 856-6119.