

NMCSSDP Monthly Reporting Form

Please complete and return to **Safer** no later than the 10th of each month.

Name of distribution site:

Name of NMCSSDP coordinator:

Date:

 / /

Reporting for the month of:

REPORTING SEATS DISTRIBUTED

Please write the number and type of child safety seats distributed by your site this month. Seats acquired from a source other than **Safer** should not be included in this report. Submit to **Safer** with all NMCSSDP Child Safety Seat Recipient Forms.

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

ORDERING ADDITIONAL SEATS

Please indicate below the number and type of child safety seats you would like to order. Please order a minimum of eight (8) seats.

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

Please attach all NMCSSDP Child Safety Seat Recipient Forms and mail to:

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



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.