

**SOUTH JERSEY TRAFFIC SAFETY ALLIANCE
REPLACEMENT SEAT ISSUED FORM**

Event Location:

Event Date:

Technicians:

Senior Technician:

Recipients Name and Address:

Phone No.:

Child's Name, Age, Weight:

Seat Manufacturer:

Make and Model No.:

Date of Manufacture:

Is this seat on loan?

If yes, when should we expect it returned.

Did you remind them to destroy or return after use?

Reason for replacement seat: