



PROGRAM REGISTRATION

Number of Vehicles to Enroll:

Name:

Address:

City:

State:

Zip:

Telephone:

E-Mail:

Send Notification To: (if different from above)

Name:

Address:

City:

State:

Zip:

Telephone:

E-Mail:

I wish to participate in the Erie County Sheriff's Office S.T.O.P.P.E.D. Program and fully understand that I may receive notification when an enrolled vehicle, while operated by a driver under the age of 21 is stopped by police.

Signature of Parent/Guardian

Mail completed Registration Form to:

Erie County Sheriff's Office
S.T.O.P.P.E.D. Program
One Sheriffs Drive
Orchard Park, NY 14127

Official Use Only