



# COLUMBIA COUNTY SHERIFF'S OFFICE

## S.T.O.P.P.E.D.

### REGISTRATION FORM

Parent's name(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list all vehicles to enroll

Make	Model	Color	Tag #	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Send parental notification to: (if different than above)

Parent's name(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I wish to participate in the Columbia County Sheriff's Office S.T.O.P.P.E.D. program and fully understand that I may receive notification when one of my enrolled vehicles, while operated by a driver under the age of 21, is stopped by a Deputy.

Signed: \_\_\_\_\_

Print your name: \_\_\_\_\_

Please mail or fax this form to:

Columbia County Sheriff's Office  
ASD/ Community Services  
2273 County Camp Rd.  
Appling GA, 30802  
Fax: (706) 541- 2833

If you have any questions, please call Community Services at (706) 541-2856.