



NYSFOP STOP-DWI NIGHT RIVERHEAD RACEWAY



-----PRE-REGISTRATION VEHICLE FORM-----

*** Pace Car ***

Owner _____

Street (No PO Box) _____

City _____ State _____ Zip _____

Home Tel.: _____ Cell: _____

Agency/Association Markings _____

Year _____ Make _____ Model _____

Color: _____ Number: _____

E-mail _____

Driver _____

**Mail to: Jim Bosco, 180 Harrisburg Street, Bay Shore, NY 11706
Cell: 631-379-3928 - Fax:631-968-4194 - E-mail: jimb@nysfop.org**

Official Use

Date Received _____ Personnel Assigned _____

Accepted _____ Rejected _____

