



STOP-DWI NIGHT RIVERHEAD RACEWAY



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

*** Pace Car ***

Department _____

Street (No PO Box) _____

City _____ State _____ Zip _____

Contact Name: _____

E-mail _____ Tel/Cell: _____

Agency Markings _____

Year _____ Make _____ Model _____

Color: _____ Car Number: _____

Driver/Passengers _____

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 _____

