

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Vehicles to Enroll: \_\_\_\_\_

Official Use Only

**Send Notification to: (if Different than above)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Vehicles to Enroll: \_\_\_\_\_

I wish to participate in the Chenango County Sheriff's STOPPED Program and fully understand that I may receive notification when an enrolled vehicle, while operated by a driver under the age of twenty-one, is stopped by police.

Signature: \_\_\_\_\_

Mail completed registration to:

**Chenango County Sheriff's Office  
S.T.O.P.P.E.D. Program  
279 County Route 46  
Norwich, New York 13815**