

Brunswick County Sheriff's Office
S.T.O.P.P.E.D. Program
REGISTRATION

Parent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email: _____

Send Parental Notification to: (If different from above)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

NUMBER OF VEHICLES to ENROLL: _____

I wish to participate in the Brunswick 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 18 and younger, is stopped by Law Enforcement.

Signed: _____
Print your Name: _____
Date: _____

Please mail this Form to:
BRUNSWICK COUNTY SHERIFF'S OFFICE
ATTEN: STOPPED PROGRAM
P O BOX 9
BOLIVIA NC 28422
ANY QUESTIONS PLEASE CALL 910-253-2777
OR www.brunswicksheriff.com

OFFICIAL USE ONLY

Date Received: _____
Reviewed By: _____
of Decals Sent: _____
Decal Identification Number(s): _____
