



S.T.O.P.P.E.D. Program Registration Form

Number of vehicles to enroll: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email address: _____

Send notifications to: (if different than above)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

I wish to participate in the Onondaga 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 form to:

Onondaga County Sheriff's Office
STOPPED Program
407 S. State St.
Syracuse, NY 13202

Official Use Only