



**New York State "Watch Your Car" Program  
Irvington Police Department  
Vehicle Registration and Consent Form  
Night Program**



Owner(s) Name:

Home Phone Number: (     )

Work Phone: (     )

Address:

C/T/V:

State:

Zip Code:

Vehicle Identification Number:

Vehicle Make:

Model:

Year:

Color

License Plate Number:

Date Decal Issued:

Location:

Drivers License Number:

State Issuing License:

Names of Other People Authorized To Drive the Vehicle:

Registrant is participating in the Night Program.

Agency Issuing Decal: Irvington Police Department

85 Main Street Irvington NY 10533

(914)591-8080

By signing this statement below and voluntary consent form, I affirm that I am the registered owner of the above-named vehicle and that this vehicle is not normally operated between the hours of 1 a.m. and 5 a.m. I hereby agree to have affixed to the front windshield and rear window "Watch Your Car" program decals. I understand that whenever my vehicle is being operated on a public street or highway in the United States between the hours of 1 a.m. and 5 a.m., any duly sworn law enforcement officer from any local, county, State or Federal law enforcement agency may stop my vehicle and check the identity of the driver. I further understand that it is my responsibility to have in my possession a valid driver's license, motor vehicle registration card and insurance card and that failure to produce such items when requested will prompt the officer to investigate further to determine that I am the registered owner or that the driver has my permission to operate my vehicle. I agree to inform anyone whom I permit to use my vehicle of the terms of this agreement. I further understand that if I wish to withdraw from the program, or change registration, sell or transfer my vehicle, I must submit written notification of my decision to the Irvington Police Department and that I will completely remove the "Watch Your Car" decals from my vehicle. I agree to notify the Irvington Police Department if I change my address or home or work telephone number while I am enrolled in the program.

I further consent and agree to indemnify and hold harmless any local, county, State or Federal duly sworn law enforcement officer or agent against any and all claims arising from my participation in this program. I confirm that I have fully read and understand the above conditions and all information has been completed prior to signing.

\_\_\_\_\_  
Signature of Vehicle Owner

\_\_\_\_\_  
Date