BICYCLE REGISTRATION

Please retain with your permanent records in case of loss or theft of bicycle, notify your local Police Department

Owner (Print Last and First Name) _____ D.O.B _____

Address _____ Phone number _____

City _____ State _____ Zip Code _____

City License Number _____ Date _____

Make _____ **Model** _____ **Serial Number** _____

FRAME SIZE

- ☐ 13.5 ☐ 16
- ☐ 18 ☐ 20
- ☐ 22 ☐ 24
- ☐ Other____

WHEELS

- ☐ 16 ☐ 20
- ☐ 24 ☐ 26
- ☐ 27 ☐ 29
- ☐ Other_____

ACCESSORIES

- ☐ Legal Reflectors ☐ Light
- ☐ Locking Device ☐ Pump
- ☐ Water Bottle ☐ Book Rack
- ☐ Other_____
  (Unique markings/modifications.)

BIKE COLOR _____

STYLE

- ☐ Childrens
- ☐ Road
- ☐ Mountain
- ☐ Cruizer
- ☐ BMX

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