

* Click into the Last Name box to begin *

FILL OUT THIS FORM IN FULL AND BRING IT TO THE POLICE DEPARTMENT TO GET A LICENSE

OWNER INFORMATION

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

TELEPHONE: _____

EMAIL: _____

BICYCLE INFORMATION

MAKE/BRAND: _____

MODEL: _____

TIRE SIZE: _____ SPEED: _____

SERIAL #: _____

Check All That Apply

BRAKES: Hand Coaster

FENDERS: Front Rear None

BASKETS: Front Rear None

FRAME STYLE: _____

COLOR(S): _____

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FOR OFFICE USE ONLY

DATE ISSUED: _____

TIME ISSUED: _____

BIKE LICENSE # ISSUED: _____