

COLON POLICE DEPARTMENT  
BICYCLE REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL : \_\_\_\_\_

STYLE: \_\_\_\_\_ SPEEDS : \_\_\_\_\_

MAIN COLOR: \_\_\_\_\_ SECOND COLOR : \_\_\_\_\_

BRAKES hand/coaster SIZE: \_\_\_\_\_

VALUE \$ \_\_\_\_\_ BOYS/GIRLS

ADDITIONAL NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ONCE COMPLETED BRING THIS AND THE BICYCLE TO FINISH THE  
REGISTRATION PROCESS. PLEASE CALL TO MAKE SURE SOMEONE IS  
IN THE OFFICE 432-3182. THANK YOU.**

LICENSE # \_\_\_\_\_

ENTERED IN COMPUTER