

Two Rivers Police Department – Bicycle Registration Form

Owner's Full Name:			Birth Date:
Address:			Phone #:
Serial #:	Make:	Model:	Type:
Speed:	Type:		Size: (inches)
Other:			
	Main Color:	Value:	
Features: Other (Please describe in detail):			
Comments:			
Parent/Guardian(s) Name:			Phone #:
<i>DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY</i>			
License #:	Date Issued:	Employee #:	Receipt #:
Previous Owner:			
Entry Date/Employee #:		Stolen? Yes / No	

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