

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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