



BOROUGH OF ALBURTIS POLICE DEPARTMENT

BICYCLE REGISTRATION FORM

DATE: _____

LICENSE #: _____

PERSONAL INFORMATION

NAME: _____ D.O.B.: _____
(LAST, FIRST, MI)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

BICYCLE INFORMATION

MAKE/MODEL: _____

SERIAL NUMBER: _____

TYPE: Mountain Bike BMX-Style Racing Bike (10 spd) OTHER: _____

STYLE: Male Female COLOR: _____

WHEEL SIZE: _____ FRAME SIZE: _____

ACCESSORIES: _____

DATE OF PURCHASE: _____ VALUE: _____

SCOOTER INFORMATION

MAKE/MODEL: _____

SERIAL NUMBER: _____

FRAME COLOR: _____ COLOR OF WHEELS: _____ COLOR OF HAND GRIPS: _____

ACCESSORIES: _____

DATE OF PURCHASE: _____ VALUE: _____

OFFICER TAKING INFORMATION: _____