

WEST SALEM POLICE DEPARTMENT

BICYCLE REGISTRATION

LICENSE NUMBER: 90-_____ DATE ISSUED: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE NUMBER: _____

SERIAL NUMBER: _____

BICYCLE TYPE: _____

BICYCLE MAKE: _____

BICYCLE MODEL: _____

WHEEL SIZE: _____ SPEEDS _____

BIKE COLORS: _____

NEW BIKE: YES NO BIKE LOCK: YES NO

BIKE LIGHT: YES NO

PARENT'S NAME: _____

NOTES: _____
