ST. ANNE
POLICE DEPT.

122 S. Chicago Avenue
P. O. Box 318
St. Anne, Illinois 60964
TEL: 815-427-8126
FAX: 815-427-8135

Bicycle Registration

Last Name: _____ First Name: _____ Middle Intl: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Owner Name If Different Than Above: _____

Bicycle #1		Bicycle #2	
Brand	_____	Brand	_____
Model	_____	Model	_____
Serial #	_____	Serial #	_____
Color (s)	_____	Color (s)	_____
Size	_____	Size	_____
Bike	Boys Girls	Bike	Boys Girls
Speed	_____	Speed	_____
Owner Applied Number	_____	Owner Applied Number	_____
Other Descriptors	_____	Other Descriptors	_____

The information you submit will be used to assist in returning your registered bicycle in the event it is stolen and recovered or found by the St. Anne Police Department.

The above information is accurate to the best of my knowledge

Signature: _____ Date: _____

Police Department Use Only

Date Received: _____ Entered By: _____