

Chief Dan Davis
Asst. Chief Brad Baird

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BICYCLE REGISTRATION

DATE: _____

Owner Information

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Bicycle Information

Make: _____ Model: _____

Serial #: _____ Wheel Size: _____

Color(s): _____

Gears: _____

Brakes: _____ Lights: _____

Other Accessories: _____

Bike Price/Worth: _____

Assigned Bicycle Number: _____