PLEASE FILL IN FORM AND RETURN IT TO THE CITY OF BATAVIA DEPARTMENT OF POLICE

BICYCLE REGISTRATION

LICENSE NUMBER _____ DATE ISSUED _____

OWNER'S NAME _____

OWNER'S DATE OF BIRTH: _____

ADDRESS: _____ PHONE #: _____

SERIAL OR FRAME # _____ ☐ BOYS ☐ GIRLS

MAKE: _____ MODEL: _____ MODEL YR: _____

COLOR: _____ SPEEDS: _____ TIRE SIZE: _____

CONDITION OF BIKE:

NEW: ☐ YES ☐ NO ANTIQUE: ☐ YES ☐ NO

USED: ☐ YES ☐ NO CRIMINALLY DAMAGED: ☐ YES ☐ NO

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