Bicycle Registration Form

Common serial number locations

NOTE: When you receive your bicycle decal, please place the decal on the seat tube.

Registration Number: ______________________ Date Issued: ________________

Name of Owner: ____________________________

(Last) (First) (Middle)

Student ID #: ____________________________ Date of Birth: ________________

Circle one: Campus Resident Non-Campus Resident

Address: ____________________________

City: ____________________________ State: _____ Zip: ______

Phone: (____) ______________________ Bicycle Serial Number: ________________

Make of Bicycle: ______________________ Model: ______________________

Color(s) Primary: ______________________ Secondary: ______________________

Size of Bicycle: ______________________ Speed: 1 / 10 / 18 / 21

Other Remarks: __________________________

Do not write below this line
(Public Safety use ONLY)

Date Received: __________/_______/________
Received by ____________________________
Date Entered into Pamet __________/_______/________
Entered by ____________________________

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