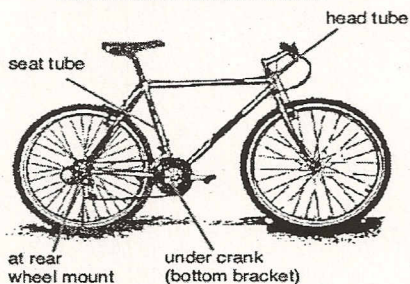


UNIVERSITY of
West Georgia

POLICE

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 _____