

Registration Sticker # _____

Reading City Police Department Bicycle Registration Form

Owner Information

Name (First and Last) _____

Parent's Name (If under 17) _____

Address _____ Phone () - _____

City: _____ State: _____ Zip Code: _____ Birth Date: ____ / ____ / ____

Bicycle Description

Make _____ Value of Bicycle _____

Model _____ Tire Size _____

Color _____ Rim Color _____

Boys Girls Hand Brakes Pedal Brakes Number of Gears _____

Serial Number _____

Comments _____

(Do Not Write Below This Line)

Registered By _____ Date _____

Comments _____
