Reading City Police Department

Bicycle Registration Form

Owner Information							
Name (First and Las	st)						
Parent's Name (If u	nder 17)						
Address							
City:	State:	Zip Code:_		Birth Da	ate:	/	_ /
	E	Bicycle Desc	cription				
Make	Value of Bicycle						
Model			Tire Size	_			
Color			Rim Color				
] Hand Brak		Brakes□	Numbe	r of Gea	ars	
	Serial Number						
Comments ——							
	(Do	Not Write Belo	w This Line)				
Registered By						Date _	