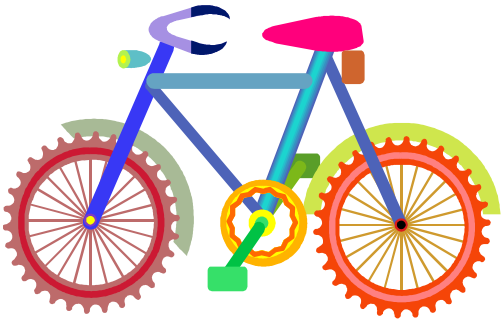

KEIZER POLICE DEPARTMENT

BICYCLE REGISTRATION FORM

Owner Name: _____Date of Birth__/__/ __
Last First M.I.

Address: _____
Street Address City State Zip Code

Home Telephone # (___) ____-_____ Work or Other # (___) ____-_____

Owner/Parent Driver License Number: _____State: _____

BICYCLE INFORMATION

Make/Brand: _____
Example: Schwinn, Redline, Diamond Back, Trek, etc.

Model: _____
Example: 'Free Spirit', 'Rockhopper', 'Roadrunner"

Style: _____
Example: BMX, Mountain Bike, Tricycle, Tandem, etc.

Wheel Size: _____

Speed/Gears: _____

Frame Size: _____

Color(s): _____

Brakes: _____
Hand Brakes or Pedal

Serial Number: _____
Serial Number required for entry into Statewide System if stolen

Are there any identifying numbers engraved on the bicycle i.e., drivers license number? If so, please list: _____

Further identifying features/descriptors: _____
_____
_____
_____

The Keizer Police Department will retain this information for a minimum of 2 years from the date of receipt in a Bike Registration Database for reference and use for law enforcement purposes only. Registration does not imply any guaranteed recovery of a reported stolen bicycle.

This form cannot be completed and submitted on line. Please print out the form, fill in the blanks and mail the completed form to:
Keizer Police Department, PO Box 21000, Keizer, OR 97303, Attention: Bike Registrations

For Office Use Only: Date Received_____By_____Entry Date_____