

CITY OF CARBONDALE POLICE DEPARTMENT BICYCLE REGISTRATION

501 S. WASHINGTON STREET, P.O. BOX 2047, CARBONDALE, IL 62902-2047 PHONE: 618-457-3200

TAG #: _____ **DATE:** ____ / ____ / ____

OWNER'S NAME: _____

DL/ID #: _____ **LOCAL PHONE:** (____) _____

LOCAL ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE #: (____) _____ **BICYCLE MAKE:** _____

MODEL: _____ **BOYS:** _____ **GIRLS:** _____

COLOR(S): _____ **SPEEDS:** _____

SERIAL #: _____ **VALUE \$:** _____

CHARACTERISTICS/ACCESSORIES: _____
