

IU SOUTH BEND BICYCLE REGISTRATION FORM

Please print off, complete, and bring this form and your bike to the IU South Bend Police Department

First Name _____ MI _____ Last Name _____

LOCAL ADDRESS

Street Address _____

City _____ State _____ Zip _____

Local Phone _____

PERMANENT ADDRESS

Street Address _____

City _____ State _____ Zip _____

Permanent Phone _____

BICYCLE INFORMATION

Brand _____ Model _____ Color _____

Type _____ Frame Style Men's Women's

Size _____ # of speeds _____ Approximate value _____

Serial Number _____

Description

To be filled out by department below:

Registration number _____ Registration Date _____