

**INDIANA UNIVERSITY – PURDUE UNIVERSITY FORT WAYNE
POLICE DEPARTMENT**

BICYCLE REGISTRATION FORM

Date of Issue: _____

Sticker No: _____

L Name: _____ F Name: _____ MI: _____

Local Address: _____ City: _____ State: _____

Local Phone: _____ Zip: _____

Home Add: _____ City: _____ State: _____

Home Phone: _____ Zip: _____

Bicycle Information

Make: _____ **Model:** _____ **B () G ()**

Frame Color: _____ **Fender Color:** _____ **Serial No:** _____