Bicycle Registration Form

OWNER INFORMATION:

Name: ________________________________________________________________
Address: __________________________________________________________________
City: ___________________ State: ________ Zip Code: ________
Phone Number: _______________(home)________________(cell)
Date of Birth: _____________________

BICYCLE INFORMATION:

Bicycle Serial #: __________________________________________________________
Make: _________________________ Model: _________________________________
Frame Color: ________________ Frame Type: (circle one) Male_ Female
Other Details: ___________________________________________________________

Please complete this form and contact Crime Prevention Officer Suzanne Toth to arrange for an appointment at 610-437-7719.

Allentown Police Department

Crime Prevention Office

425 W. Hamilton St

Allentown PA 18101

610-437-7719