



Bicycle Registration



OWNER _____
last name first name

DATE OF BIRTH ____ / ____ / ____ OWNER PHONE NUMBER _____

ADDRESS _____

TYPE OF BICYCLE _____ SERIAL NUMBER _____

COLOR _____ FRAME: Boys ☐ Girls ☐ SIZE _____ SPEEDS _____

BRAKES: Hand ☐ Foot ☐ Both ☐ **DATE:**
LIC#:

REMARKS: (other special means of identification) _____

* RETURN COMPLETED FORM TO WALTHAM POLICE DEPARTMENT
ON LEXINGTON STREET. THEY WILL ISSUE YOU THE REGISTRATION STICKER.
NO CHARGE FOR SERVICE