



POTTERVILLE POLICE DEPARTMENT

Bicycle Registration Form

OWNER

Name: _____

Address: _____

Telephone: _____

BICYCLE

Make: _____ Model: _____

Color(s): _____

Serial number: _____
(Usually located on the bottom of the frame between the pedals)

Other identifying marks (owner-applied mark, stickers, or anything else that makes the bike stand out)

Return completed form to in person, or by mail, fax or email to:

Potterville Police Department
319 N. Nelson St.
Potterville, MI 48876
Fax: (517) 645-7910
Email: sbartlett@pottervillemi.org