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