

California State University, Sacramento

Police Department

BICYCLE REGISTRATION

I. PERSONAL INFORMATION

LAST NAME:

STREET ADDRESS

DRIVERS LICENSE

DATE OF BIRTH

FIRST NAME:

CITY

SOCIAL SECURITY #

EMAIL ADDRESS

ZIP CODE

CONTACT PHONE

II. BICYCLE INFORMATION

MAKE:

SPEED:

COLOR:

MODEL:

WHEEL SIZE:

SERIAL NUMBER:

TYPE: (ROAD, MOUNTAIN, ETC.)

FRAME SIZE:

APPROX. VALUE:

MISC.- OTHER IDENTIFIERS (STICKERS, ACCESSORIES, ETC.)

OFFICIAL USE ONLY:

LICENSE ISSUED:

DATE ISSUED:

INITIALS:

I CERTIFY THAT THE BICYCLE I AM REGISTERING BELONGS TO ME AND WAS OBTAINED LEGALLY. I WILL PROVIDE PROOF IF NEEDED. I UNDERSTAND THAT REGISTERING MY BICYCLE THROUGH THE UNIVERSITY'S REGISTRATION PROGRAM IS NOT A GUARANTEE THAT MY BICYCLE WILL BE PROTECTED FROM THEFT OR LOSS. INSTEAD, THE PURPOSE FOR REGISTERING MY BICYCLE IS THAT THE INFORMATION I SUPPLY ON THIS FORM MAY BE USED TO CONTACT ME IN THE EVENT THE UNIVERSITY RECOVERS MY BICYCLE AFTER A THEFT OR LOSS.

SIGNATURE:

DATE: