



California State University, Sacramento Police Department

BICYCLE REGISTRATION

PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

PHONE #: _____ DOB: ____ / ____ / ____

DL/STUDENT ID#: _____ STATE: _____

EMAIL: _____

BICYCLE/SCOOTER INFORMATION:

MAKE: _____ MODEL: _____ TYPE: _____
(ROAD, MOUNTAIN, ETC.)

STYLE: _____ COLOR: _____
(MENS, WOMENS, ETC.)

APPROX. VALUE: _____ SERIAL #: _____

MISC. INFO & OTHER IDENTIFIERS (STICKERS, ACCESSORIES, ETC.)

OFFICIAL USE ONLY:

LICENSE ISSUED: _____ DATE ISSUED: _____ BY: _____

LOCATION OF REGISTRATION: _____

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 registration program is not a guarantee that my bicycle will be protected from theft or loss; instead, the purpose of registering my bicycle is that the information I supply on the form may be used to contact me in the event the university recovers my bicycle after a theft or loss.

SIGNATURE: _____	DATE: _____
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