

California State University, Sacramento Police Department BICYCLE REGISTRATION (PLEASE PRINT CLEARLY)

PERSONAL INFORMATION:

LAST NAME:	FIRST NAME:			MI:	
ADDRESS:					
NUMBER	STREET	CITY	STATE	ZIP	
PHONE #:		ALT. PHONE #:_			
DOB: / /	DL#:	STATE:	Last 4 of	SSN:	
E-MAIL:					
BICYCLE INFORMATION	ON:				
MAKE:	MODEL:	TYPE:(ROAD, MOUN	ST\	/LE: INS, WOMENS, ETC.)	
SPEED:	WHEEL SIZ	WHEEL SIZE: FRAME SIZE:			
COLOR:	SERIAL :	#:	APPROX	VALUE:	
OWNER APPLIED NUMB	ER:				
MISC. INFO & OTHER IE	DENTIFIERS (STICE	KERS, ACCESSOR	IES, ETC.)		
OFFICIAL USE ONLY:					
LICENSE ISSUED:	DATE ISSUED:		BY:		
I certify that the bicycle provide proof if needed. registration program is instead, the purpose for may be used to contact loss.	. I understand that not a guarantee th registering my bio	registering my b lat my bicycle will cycle is that the in	icycle through be protected nformation I su	the university from theft or loss, ipply on the form	
SIGNATURE:		DATE:			