



CITY OF LONG BEACH POLICE DEPARTMENT
BICYCLE REGISTRATION FORM

PERSONAL INFORMATION:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____
CELL PHONE: _____

BICYCLE INFORMATION:

MAKE: _____ MODEL: _____
SERIAL NUMBER: _____
YEAR: _____ COLOR: _____ WHEEL SIZE: _____
FRAME SIZE: _____ FRAME TYPE: _____
ACCESSORIES / UNUSUAL CHARACTERISTICS: _____

PURCHASE INFORMATION:

STORE NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PURCHASE DATE: _____

I SWEAR THAT I AM THE OWNER OF THIS BICYCLE AND OBTAINED POSSESSION
OF IT LEGALLY.

SIGNATURE: _____

Notice: Any false statement made on this form is punishable by a class A Misdemeanor pursuant to section 210.45 of the New York State penal law.

EV#: _____ DATE ENTERED: _____