



COUNTRYSIDE POLICE DEPARTMENT Bicycle Registration Form

To register your bicycle:

1. Complete the information requested. Please print using black or blue ink.
2. Ensure that the serial number is correct.
3. Please bring this sheet and your bicycle to the Countryside Police Department.

You MUST bring your bicycle with you to complete registration.

Owner (adult only): _____
Last Name First Name MI

Street Address: _____ Apt./Lot No.: _____

City: Countryside State: IL Zip: 60525 Phone No.: _____
Include area code

D.O.B.: _____ / _____ / _____
Month Day Year

Bicycle Information

Make: _____ Model/Type: _____ Color: _____

Serial Number (found on bicycle frame): _____

Frame/Wheel Size (Inches): _____ Number of Speeds: _____

Other Identifiers: _____

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(Police Department Use Only)

Date of Registration: _____ / _____ / _____
Month Day Year

Registration issued by: _____ Registration No. _____