



## PHILOMATH POLICE DEPARTMENT

1010 Applegate Street; PO Box 400; Philomath, OR 97370  
541-929-6911  
541-929-6037 FAX  
www.ci.philomath.or.us

# BICYCLE REGISTRATION FORM

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Type of Bike: \_\_\_\_\_

Frame Size: \_\_\_\_\_ Speeds: \_\_\_\_\_

\_\_\_ Boys or \_\_\_ Girls Color: \_\_\_\_\_

Lettering and Color: \_\_\_\_\_

Color of Seat: \_\_\_\_\_ Color of Grips: \_\_\_\_\_

Please list any special features that would help to identify the bicycle:

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**Please return the completed form with \$5.00 fee to:  
Philomath Police Department  
1010 Applegate Street Philomath OR 97370**