



FERNDALE POLICE DEPARTMENT BICYCLE REGISTRATION FORM

2220 Main Street - Ferndale, WA 98248
PH: 360-384-3390 FX: 360-384-3345

(Please Print)

Today's Date:

| OWNER INFORMATION | | | |
|------------------------------|--------------------------|---|----------------------|
| Last Name: (Required) | First: (Required) | Middle: | |
| Home address: | | Mailing Address if different from Home: | |
| City: | State: | ZIP Code: | Phone: () |
| Email: | | | |

| BICYCLE INFORMATION | | | | | |
|--|--|-------------------|--|-----------------|--------------|
| (Please fill out all sections for registration) | | | | | |
| Bicycle Make: (ex. TREK) | Model: (ex. 4400) | Series # (or N/A) | Serial Number (Located bottom of frame) | | |
| Primary Color of bicycle: | Secondary Color(s) of bicycle: | Value of Bicycle: | Frame Type: (Child, Men's, or Women's) | | |
| Does this bicycle have a lock? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Please indicate any Identifying Markers With an X: | Bell | Light | Foot straps | Bottle Holder | Basket |
| Hook Handlebars | Skinny Tires | Horn | Carrier | How many Speeds | Reflector(s) |
| Other identifying information: | | | | | |

The above information is true to the best of my knowledge. I certify that the bicycle I am registering belongs to me and was obtained legally. I authorize Ferndale Police Department to release my registration information in the event of theft or loss to other Police Departments and/ or related entities. I understand this registration is not a guarantee that my bicycle will be protected from theft or loss. I understand registration of this bicycle cannot be transferred to a different owner or bicycle and a new registration form must be completed.

Owners Signature

Date

Email to: contact@ferndalepd.org to start registration process with Ferndale Police Department.