



# 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?

☐ Yes

☐ 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](mailto:contact@ferndalepd.org) to start registration process with Ferndale Police Department.