## 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** **to start registration process with Ferndale Police Department.** |