



# CAROL STREAM POLICE DEPARTMENT

500 N. Gary Avenue, Carol Stream IL 60188  
(630) 668-2167

## BICYCLE REGISTRATION FORM

DATE \_\_\_\_\_

### PERSONAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

### BICYCLE INFORMATION

BICYCLE:  BOYS/MENS  GIRLS/WOMENS SIZE: \_\_\_\_\_

STYLE:  MOUNTAIN  TOURING  BMX/DIRT  HYBRID  COASTER

FRAME COLOR: \_\_\_\_\_ # OF SPEEDS: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

BIKE SERIAL #: \_\_\_\_\_

ACCESSORIES: \_\_\_\_\_

*Bring your completed Bicycle Registration form to the  
Carol Stream Police Department.*

For office use only.

CS #