

Sunriver Police Bicycle License

(Must be handed in at police department to register. Please do not mail in form)

Today's Date: ____/____/____

Last Name: _____ First Name: _____

Sunriver Street Address: _____ Post Office Box Number: _____

Permanent Address: _____ City: _____ State: ____ Zip: _____

Phone Numbers: (sunriver) _____ (other) _____

IMPORTANT BICYCLE INFORMATION (1 bicycle per form please)

Make: _____ Model: _____ Serial #: _____
(Must have Serial # to license)

Colors: _____ Wheel Size: _____ Number of Speeds: _____

Unusual Markings: _____ Color of Seat: _____

Special Equipment: (check all that apply)

Basket _____ Book Rack _____ Front Pack _____ Saddle Bags _____

Baby Seat _____ Other _____

Is this bicycle owned by a Realty Company? If yes, please complete the following:

Realty Company: _____ Phone Number: _____