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Chief of Police

SPRING LAKE POLICE DEPARTMENT

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BICYCLE REGISTRATION

Name of Owner: _____

Address: _____

Phone Number: _____ Other Phone: _____

Make of Bicycle: _____

Color of Bicycle: _____

Bicycle Serial Number: _____

(located on the pedal crank on the bottom of the bicycle)

Night Light? YES / NO Audible Device? YES / NO

School: _____

Other Descriptive Features: _____

When riding your bicycle always wear a helmet and ride safe! - SLPD

OFFICIAL USE ONLY

LICENSE NUMBER: _____

ENTERED INTO IMC BY: _____

DATE: _____