City of Auburn Bicycle Registry

Name: _____ Address: _____
Phone: _____Date:_____
Email:_____

Bicycle Brand: _____Model:_____
Color: _____ Rim Size: _____
# of Speeds:_____ Date of Purchase:_____
Serial Number: _____

Additional Characteristics:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

OFFICE USE: Date of Registry Entry: _____ Initials: _____