

SOMERVILLE BICYCLE REGISTRATION APPLICATION

(Please read the instructions below before completing application.)

1. PRINT NAME (Last, First, Middle Initial)					
2. PERMANENT ADDRESS					
3. CITY (cross out information if not valid)			4. STATE	5. ZIP CODE	
SOMERVILLE			NJ	08876	
6a. PERMANENT PHONE (Include Area Code)		6b. LOCAL/DAYTIME PHONE (Include Area Code)			
()					
6c. E-MAIL ADDRESS					
7. SERIAL NUMBER					
8a. MANUFACTURER			8b. MODEL		
9a. FRAME TYPE (Check One)			9b. OTHER DESCRIPTION (Optional)		
<input type="checkbox"/> Men's/Boy's <input type="checkbox"/> Women's/Girl's			_____ <small>(Indicate number of speeds and/or type of bicycle)</small>		
10. WHEEL SIZE	11. FRAME SIZE	12. 1ST COLOR		2ND COLOR	
CM IN	CM IN				
13. <input type="checkbox"/> CHECK HERE IF YOU REGISTERING A NEW BICYCLE.					
14. <input type="checkbox"/> CHECK HERE IF REGISTERING AN ADDITIONAL BICYCLE.					
EXPIRED #: _____					
Do not write in this box. FOR OFFICE USE ONLY.					
	EXP. YR (Circle One)	FEE	DATE		DEALER I.D.
	'01 '02 '03	None	MO	DAY	YR

Send the following items to the address below:

— this application (cut along the dotted line)

Please notify us if you sell your bicycle.

To:
 Community Policing
 Somerville Police Department
 24 South Bridge Street
 Somerville, NJ 08876

Please enter ALL information.

Questions:
 call 908.725.0331 or

E-mail:
 info@somervillepd.org