



PUBLIC SAFETY BICYCLE & DESKTOP REGISTRATION

First Name _____ Middle Initial _____ Last Name _____

Local Address _____ City _____ State _____ Zip _____

Local Phone Number _____ Date of Birth _____ SSN/Student ID _____

Relatives Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

BICYCLE (*Section A*) **ELECTRONIC EQUIPMENT** (*Section B*)

SECTION A

BICYCLE INFORMATION

Brand _____ Model/Type _____ Serial # _____ Color _____

Value _____ No. of Gears _____ Other Info _____

SECTION B

ELECTRONIC EQUIPMENT

Laptop Desktop Other _____ Serial # _____

Color _____ Brand Name _____ Value _____

Other Info _____

Signature _____ Date _____

