



Whitehall Division of Police

BICYCLE LICENSE APPLICATION

Date of Application: _____

Registered Owner: _____
Last Name, First

Address: _____

Home Phone: _____ **Alternate Phone:** _____

Make of Bicycle: _____

Frame Serial Number: _____

Type of Bike (please check): _____ **Boys** _____ **Girls**

Size (please check): _____ **16** _____ **20** _____ **24** _____ **26**

Color(s): _____

Trim: _____