



TREVOR J. WRIGHT
TRAVERSE COUNTY SHERIFF

COURTHOUSE, P.O. BOX 826
WHEATON, MN 56296

PHONE: 320-422-7800 FAX: 320-563-8700

BICYCLE REGISTRATION FORM

No Registration Fee – Photos may be submitted with application.

Owner Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Date of Birth: _____

Bicycle Information:

Make: _____

Model: _____

Color: _____

Serial Number: _____

Number of Speeds: _____ Number of Wheels: _____

Size: Adult _____ Kid _____ Toddler _____

Proof of Ownership: Yes _____ No _____

Additional Identifying Features:

I certify that I am the owner of the above described bicycle, that it was lawfully obtained by purchase or gift, and that the statements made herein are in all respects true and correct.

X _____

Applicant's Signature (Owner's Parent or Guardian)

Date

OFFICE USE ONLY

Application Date: _____

Processed By: _____

Traverse County ID Number: _____

Issued Date: _____