STERLING POLICE DEPARTMENT
BICYCLE REGISTRATION

DATE: _____-_____-_____ OFFICER: _____ TAG #: _____

NAME: _____
LAST *FIRST* *MIDDLE*

ADDRESS: _____ PHONE #: (_____) _____-_____
STERLING CO 80751

D O B: _____-_____-_____ SEX: _____

MAKE: _____ MODEL: _____ COLOR: _____

CONDITION: _____ FRAME NUMBER: _____

STYLE: _____ SPEED: _____ WHEEL SIZE: _____
(Mens, Womens, Boys, Girls)