Bicycle Registration

Date: _____ Lic# _____
(Issued By Dept.)

Name: _____

Street: _____

City _____ St. _____Zip _____

Phone _____ DOB _____

Make _____ Speeds _____

Color _____ Style _____

Size _____ Tire Size _____

Ser # _____ Boys ____ Girls ____

Other_____

_____

Mail or Fax completed forms to:
Framingham Police Dept.
1 William Welch Way
Framingham, MA 01702
Attn: Officer Burman
Fax 508-872-3506