

Salem Police Department
201 S. Rotan Ave.
Salem, IL 62881

BICYCLE REGISTRATION FORM

Date: _____	Entry # _____ <small>(Assigned by Police Dept.)</small>	
Bicycle Type: _____ <small>(Standard, 3 speed, 10 speed, etc.)</small>	Boys/Girls: _____	
Make: _____	Model: _____	Color: _____
Size: _____	Value: _____	Serial Number: _____
Description: _____		
Owner: _____ <small>Last Name First Name Middle Name</small>		
Address: _____ <small>Number Direction Street Apartment/Lot # City State Zip Code</small>		
Phone Number: _____	Date of Birth: _____	Sex/Race: _____

Please return form to the Salem Police Department. If you have questions, call 548-2232.