



AVENAL POLICE DEPARTMENT

317 Alpine St., Avenal, CA 93204
Bus. 559-386-4444 Fax 559-386-4447

Bicycle Registration Form

Owner Information:

Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Height: _____ Weight: _____

Home Phone #: _____ Cell Phone #: _____

If under 18 years of age, please list parent or guardian below:

Bicycle Information:

Type: _____ Make: _____

Model: _____ Color: _____

Year: _____ Serial #: _____

Other identifying information:

If you wish to have your bike registered with the Avenal Police Department, you may drop this form off at the Records Division during normal business hours.