Solvay Police Department
Providing Over 100 years of Service

Bicycle Identification Program
Mail-in REGISTRATION FORM

PERSONAL INFORMATION

Name: _____
First **Last** **MI**

Email Address: _____
For sending you back registration information for your records

Street Address: _____

Phone Number: _____

BICYCLE INFORMATION

Make: _____

Model: _____

Type: _____
Mountain, BMX, etc

☐ BOYS ☐ GIRLS

Speed: _____

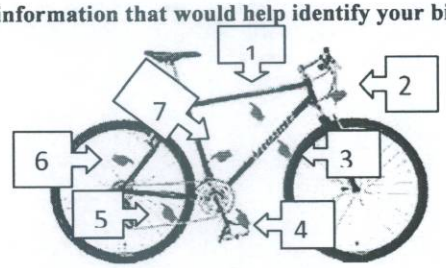
Serial Number: _____ Location of Serial Number (USE NUMBER BELOW): ____

Refer to the picture below to locate the serial number on your bicycle number for location

Purchased Value: _____

Identifying Marks: _____

Include other information that would help identify your bicycle



INFORMATION GIVEN IS KEPT FOR REPORTING PURPUSES ONLY SHOULD YOUR BICYCLE BECOME LOST/STOLEN

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

Fill out and mail back to (or drop off during business hours):

Solvay Police Department
Attn: Bicycle Identification Program
507 Charles Avenue
Solvay, New York 13209
Or fax to:
315.468.2511