



## STOW POLICE DEPARTMENT BICYCLE REGISTRATION FORM

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      LICENSE NUMBER \_\_\_\_\_  
POLICE RECORDS USE ONLY

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DAYTIME PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_      SOCIAL SECURITY # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### BICYCLE INFORMATION

BRAND NAME \_\_\_\_\_ MODEL \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_ COLOR(S) \_\_\_\_\_

GEAR SPEED \_\_\_\_\_ WHEEL SIZE (INCHES) \_\_\_\_\_ GIRL OR BOY BIKE \_\_\_\_\_

Return the completed form to the Stow Police Department Records Division  
3800 Darrow Road, Stow, OH 44224, Monday through Friday (holidays excluded) 8:00 a.m. to 4:30 p.m.  
Include a self-addressed, stamped return envelope if you are mailing this form.