

SOUTH WHITEHALL TOWNSHIP POLICE  
4444 WALBERT AVENUE  
ALLENTOWN, PA 18104  
610-398-0337

BICYCLE REGISTRATION

NAME \_\_\_\_\_  
Last Name First Middle Initial

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

MODEL & NAME OF BICYCLE \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

SIZE \_\_\_\_\_ COLOR \_\_\_\_\_

TYPE: BOY'S \_\_\_\_\_ GIRL'S \_\_\_\_\_

SERIAL # \_\_\_\_\_

DATE OF REGISTRATION \_\_\_\_\_

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REGISTRATION # ISSUED \_\_\_\_\_

INCIDENT REPORT # \_\_\_\_\_