

CITY OF ANTIGO
BICYCLE REGISTRATION

License No: _____

(Completed by Office Staff)

Date Issued: _____

Owners Name: _____

Address: _____

DOB: _____ Phone: _____

Make of Bike: _____ Type: _____

Color: _____ Frame Size: _____ Brake: _____

Boy _____ Girl _____ Man _____ Woman _____

Misc. Description: _____

Serial No: _____

I hereby certify that I am the owner of the bicycle herein described. This statement of facts is as complete as I can make it and is correct and true to the best of my knowledge.

Owner's Signature: _____