

BUCKNELL PUBLIC SAFETY BICYCLE REGISTRATION FORM

(Please Print)

Today's date:			
OWNER INFORMATION			
Last Name: (Required)		First: (Required)	Middle :
Home address:		Campus Box # (Required)	Phone number: ()
P.O. box:	City:	State:	ZIP Code:
Student (class year)	Staff / Faculty (Department)		

BICYCLE INFORMATION			
(Please fill out all sections for registration)			
Bicycle Make: (ex. TREK)	Model: (ex. 4400)	Series # (or N/A)	Serial Number (Located bottom of frame)
Primary Color of bicycle:	Secondary Color(s) of bicycle:	Value of Bicycle:	Frame Type: (Child, Men's, or Women's)
Does this bicycle have a lock? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate any Identifying Markers With an X:			
	Bell	Light	Foot straps
			Bottle Holder
			Basket
Hook Handlebars	Skinny Tires	Horn	Carrier
			Other (Please Specify)

**BICYCLE OWNERS ARE REQUIRED TO FOLLOW USE AND STORAGE POLICY FOUND AT:
[HTTP://WWW.BUCKNELL.EDU/X6452.XML](http://www.bucknell.edu/x6452.xml)**

The above information is true to the best of my knowledge. I certify that the bicycle I am registering belongs to me and was obtained legally. I authorize Bucknell Public Safety to release my registration information in the event of theft or loss to other Police Departments and/ or related entities. I understand this registration is not a guarantee that my bicycle will be protected from theft or loss. I understand registration of this bicycle cannot be transferred to a different owner or bicycle and a new registration form must be completed.

Owner's Full Name and Bucknell Id Number

Date

Please fill out form and attach a CLOSE UP picture of your bicycle. E-mail to Officer Holtzaple at jah066@bucknell.edu
Registration will not be completed until you receive a confirmation e-mail from this officer. Please allow up to 5 business days for a registration sticker to be mailed to your campus mail box.