

**BUCKNELL PUBLIC SAFETY  
BICYCLE REGISTRATION FORM**

(Please Print)

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

## BICYCLE INFORMATION

(Please fill out all sections for registration)

Bicycle Make: (ex. TREK)	Model: (ex. 4400)	Series # (or N/A)	Serial Number <b>(Located bottom of frame)</b>			
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 <b>X</b> :		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:  
WWW.BUCKNELL.EDU/BIKES**

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 Ranck at [jah066@bucknell.edu](mailto: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.