

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:

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P.O. box:

City:

State:

ZIP Code:

Student (class year)

Staff / Faculty (Department)

Email:

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?

Yes

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:
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
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.