MERCED CITY
BICYCLE LICENSE INFORMATION

This information is to be filled in by bicycle owner and presented to Merced Police Department.

Please Print

Owner : Last, First name _____

Date of Birth: _____

Address : _____ City/Zip Code _____

Home Phone: _____ School (if applicable) _____

Bicycle Manufacturer (Make): _____

Model : (Raliegh, BMX, etc) _____

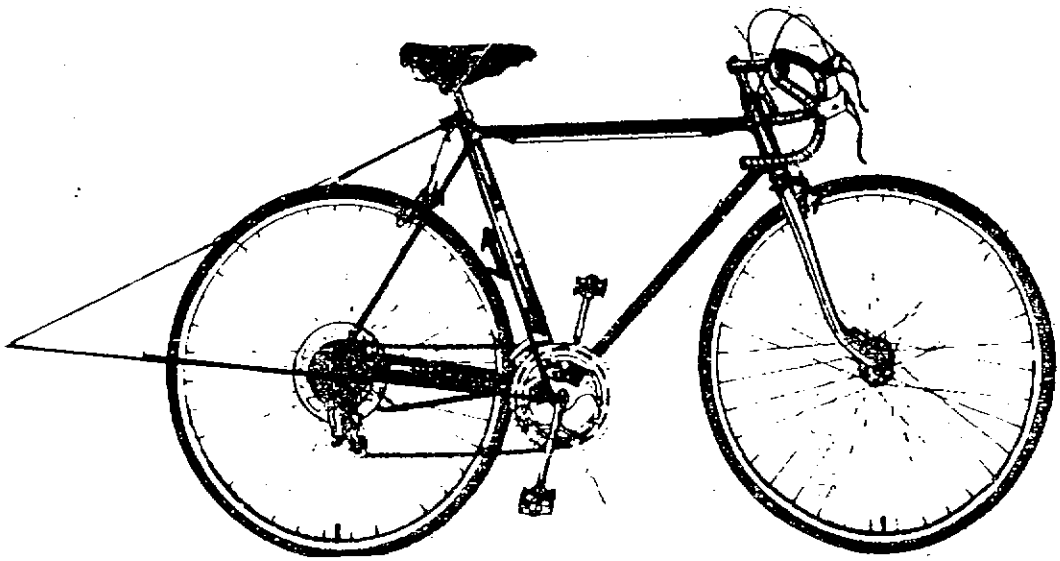
Type: (Boys, Girls, Tandem) _____

Number of Axial Speeds : (1 Speed, 10 Speed, etc) _____

Serial Number: _____ Color _____ Wheel Size _____

Frame Size: _____ Measured from top of center post of frame to center of Crank (See below example)

License # _____

City Tag number _____City Tag year _____

MEASURE FROM CENTER OF CRANK TO TOP OF FRAME POST. DO NOT INCLUDE SEAT OR SEAT POST.