

COHOES POLICE DEPARTMENT

Bicycle/Scooter Registration Form

Police Dept. Copy

Date of Registration: _____ Brand Name: _____ Model: _____
Owner's Name: _____ Serial No.: _____
Owner's Address: _____ Frame Type: M ___ F___ Size: _____
Owner's Phone: _____ Speeds: _____
Value: _____ Color: _____
Special Equipment or Markings: _____

Please attach a photo of Bicycle/Scooter to this form

SG/forms/bicyclereg

Tear Along This Line



Bicycle/Scooter Registration Form

Owner's Copy

*** Keep in safe place**

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