



Police Department
315 N. Grant Ave.
York, NE 68467

NEBRASKA

BICYCLE LICENSE FORM

NAME: _____ DOB: ____ / ____ / ____

ADDRESS: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

BIKE DESCRIPTION

BRAND: _____ MODEL: _____

CIRCLE ONE:	BOYS	GIRLS	WOMENS	MENS
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FRAME COLOR(S): _____

SEAT COLOR(S): _____

TIRE SIZE: _____ NUMBER OF SPEEDS: _____

DESCRIPTION HANDLEBARS, ACCESSORIES & ETC: _____

SERIAL/MODEL #: _____

(To be filled out by police department upon licensing)

LICENSE#: _____ DATE OF LICENSE: ____ / ____ / ____

This filled out form should be mailed or dropped off in person at 315 N. Grant Ave. or can be dropped in our mailbox on the north side of the City building at 100 E. 4TH St. and the license will be mailed back to you.