

**CITY OF POUGHKEEPSIE POLICE DEPARTMENT
BICYCLE REGISTRATION**

Date of Birth _____

Owner's Name _____ Registration# _____

Address _____ Phone# _____

(If Under 16 years of age)

Parent/Guardian Name: _____

Make of Bike _____ Color of Bike: _____ Size _____

Serial# _____ Model/Type: _____

Proof of Ownership: yes no Signed affidavit Date of Reg: _____

All cyclists under 14 years of age must wear a helmet while operating bicycle.

Owner Signature

Authorized Signature