



## BICYCLE LICENSE REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Description (brand name, color, size) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*boys*       *girls*

Serial Number \_\_\_\_\_

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### Instructions:

Print form and complete all requested information – one form per bicycle

Important!    ➔    Be sure to include:

- completed form
- fee (\$1 per bicycle)
- a self-addressed stamped envelope

Mail to:      Clerk/Treasurer's Office  
                  City of Berkley  
                  3338 Coolidge Highway  
                  Berkley MI 48072

Questions:    248-546-2420