Holmen Police Department

119 Wall St. W., Holmen, WI 54636 (608) 526-4212

Bicycle Registration

Owner:

_____ _____

Last Name, First Name, MI Date of Birth

_____

Address City State Zip

_____

Phone

Bike Information:

Boys/Girls (Circle One) Wheels: 16 20 24 26 27 28 Other_____

Color(s): _____

Make & Model: _____

Frame Stamp #: _____

Misc info (accessories, etc)_____

To be completed by the Police Department:

License #: _____ Date: _____ Fee Paid: _____