



Coal Valley Police Department
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Jack Chick
Chief of Police

BICYCLE REGISTRATION FORM

SERIAL#: _____

MAKE: _____

MODEL: _____

COLOR: _____

FRAME #: _____

FRAME YEAR: _____

WHEEL: _____

SPEEDS: _____

DESCRIPTION: _____

OWNER:

LAST NAME _____ FIRST _____

ADDRESS: _____

CITY/ZIP: _____

PHONE #: _____

DATE OF BIRTH: _____

Please fill out the above form and bring it to the Coal Valley Police Department.

TAG # _____