



# Town of Fishkill Police

## *Bicycle Registration Form*

**Owner's Information:**

**Owner's Name:** \_\_\_\_\_

**Owner's Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mailing Address (if different):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bicycle Information:**

**Bike Manufacturer:** \_\_\_\_\_

**Bike Model:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Number of Speeds:** \_\_\_\_\_

**Serial Number or Identifying Marks:** \_\_\_\_\_

**You may mail, fax or e-mail this information to us at:**

**Town of Fishkill Police Department**

**807 Route 52**

**Fishkill, NY 12524**

**fax: 845.838.6710 / email: tof@bestweb.net**