



David Schar  
Chief of Police



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**POLICE DEPARTMENT**

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**BICYCLE REGISTRATION APPLICATION**

Date: \_\_\_\_\_ Registration No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bicycle Brand/Type: \_\_\_\_\_

Boys: \_\_\_\_\_ Girls \_\_\_\_\_

Color: \_\_\_\_\_ Serial No. \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

Present Value: \_\_\_\_\_

I have submitted the above information which is true and correct to the best of my knowledge. I further certify that I will comply with the Bicycle Rules of the State of Illinois and the ordinances of the Village of Winfield.

Signed: \_\_\_\_\_