

INDIANA STATE UNIVERSITY Police Department

210 North 6th Street, Terre Haute, IN 47809



Bicycle Registration Form

Date of Registration: ____ / ____ / ____
Month Day Year

Owner ____
Last Name First Name MI

ISU ID: 99 _____ D.O.B. ____ / ____ / ____

Street Address/ Residence Hall _____ Apt / Room # _____

City: _____ State: _____ ZIP: _____ Phone No: (____) ____ - ____

Email _____

Registration Number _____

Tag Placed on bike ☐

Picture Taken ☐

Entered ARMS Initials ☐

CASE ____ - ____

Office Use Only

BICYCLE INFORMATION

Make: _____ Model: _____ Color: _____ / _____

☐ City Bike ☐ Mountain ☐ Cruiser (beach) ☐ Road Bicycle ☐ Cyclo-cross ☐ Tandem ☐ Recumbent

Serial No: _____ Value of current condition \$ _____

Frame / Wheel Size: (inches) _____ Number of Speeds: _____ ☐ Male bike ☐ Female bike

Check if applied:

__ Rack for bag in rear /bag __ Basket in front of bike __ Bar ends __ battery headlight /taillight __ Clipless pedals

Other Identifiers: _____

Complete this form and bring along with your bicycle to the ISU Police Department during business hours Monday -Friday. We will photograph your bicycle and apply a registration sticker . Your information will be kept with the department in case of theft. U Lock is suggested to secure your bicycle from theft.