

MARIAN UNIVERSITY

Indianapolis

BICYCLE REGISTRATION FORM

Complete this form. Bring this form and the bicycle with you to the Marian University Police Department located in RLSC. An officer or staff member will verify the relevant information.

First Name: _____ Middle Initial: _____

Last Name: _____

Room/Office Phone #: _____ Cell Phone #: _____

Local Address: _____

City: _____, State: _____ Zip code: _____

Home Address: _____

City: _____, State: _____ Zip code: _____

Make of Bicycle: _____

Model: _____

Color: _____

Serial #: _____

Custom Accessories: _____

For Office Use Only:

Date: _____ Unit #: _____