



SAVANNAH CHATHAM POLICE METROPOLITAN

Bicycle Registration Form

The information provided on this registration form will be transferred to an online database. The Savannah-Chatham County Metropolitan Police will maintain a record of the bicycle to assist in possibly returning it to the owner should it is lost or stolen.

Owner: _____ Phone: (_____) _____ - _____ Type: C H W

Address: _____ Apt/ Suite/ Unit: _____

City: _____ State: _____ Zip: _____

Year: _____ Manufacturer: _____ Model: _____

Serial: _____ Main Color: _____ Trim Color: _____

CIRCLE OR FILL IN THE APPROPRIATE RESPONSE

Brake Type Hand Foot Combination

Frame Type Boy's Changed (Modified) Girl's Motor Cross Race Standard Stingray

Other: _____

Fenders Yes No

Handle Type Boy's Changed (Modified) Girl's Motor Cross Race Standard Stingray

Other: _____

Light Yes No

Speed/ Gears _____

Seat Type Banana Gel Padded Standard Other: _____

Tire Size _____ inches

Tire Type Balloon High Pressure Nobbie Other: _____

Deliver/ Email/ Fax to:

Cpl. John Simmons, CPO4
SCMPD - 4th precinct
7804 Abercorn Street unit 118
Savannah, GA. 31406
FAX (912) 351-3405
John_Simmons@savannahga.gov

Police Serial #: PCT _____