



**POLICE DEPARTMENT**  
COLORADO STATE UNIVERSITY

**Bicycle Registration**

Date: \_\_\_\_\_

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CSU ID Number: \_\_\_\_\_

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

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

**Bicycle Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type: \_\_\_\_\_ Color(s): \_\_\_\_\_

Serial Number: \_\_\_\_\_

Bring completed form to the CSU Police Department  
located at:

Green Hall  
750 S Meridian Ave  
Fort Collins, CO 80523-6023

Bike Office Phone: (970) 491-7695