

**City of Clarksburg**  
**Clarksburg Police Department**  
**Bicycle Registration Form**



**Owner Information**

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

Complete Address:\* \_\_\_\_\_

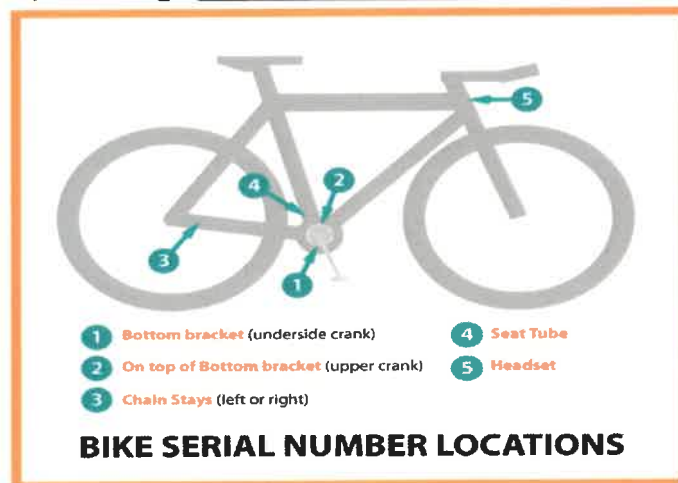
Primary Telephone #:\* \_\_\_\_\_ Email Address: \_\_\_\_\_

**Bicycle Information**

Make:\* \_\_\_\_\_ Model:\* \_\_\_\_\_ Color: \_\_\_\_\_

SN:\* \_\_\_\_\_ Size: \_\_\_\_\_ (Inch) Type: \_\_\_\_\_  
(Ex: Mountain, Road, BMX, Kids)

Identifiable Characteristics/Markings: \_\_\_\_\_



**\*Please attach a photo of your bicycle with this form\***

Form and photo may be submitted by emailing to: [mkiddy@cityofclarksburgwv.com](mailto:mkiddy@cityofclarksburgwv.com) or to the Clarksburg Police Department front desk

\* Indicates mandatory field