



Bicycle-Golf Cart Registration Form

Reg. # _____

PLEASE COMPLETE ALL INFORMATION			
Name:	Date Of Birth	Race:	Sex:
Address:			
City:	State:	ZIP:	Phone Number:

CHANGE OF ADDRESS			
New Address:			
City:	State:	ZIP:	Phone Number:

NEW OWNER INFORMATION			
Name:	Date Of Birth	Race:	Sex:
Address:			
City:	State:	ZIP:	Phone Number:
Signature of Owner Selling Bicycle:			

BICYCLE-GOLF CART INFORMATION						
Serial Number <i>(include numerals & letters)</i>				Make Manufacturer		
Type: <i>Please Circle</i>	Boys Road	Girls Hybrid	Mountain Adult Trike	Speed	Color of Frame	Color of Detail
Equipment: <i>Please circle all applicable</i>	Water Bottle Bell	Basket Rack	Lights Detail	Fenders Front Suspension	Horn Full Suspension (Front and Rear)	Mirrors Hand Brakes
Other:						

FOR OFFICE USE ONLY		
Date Issued	Issued By	Station

Mail To: Largo Police Department; ATTN: Records; P.O. Box 296; Largo, FL 33779-0296