

**Bicycle Registration Form**



Crime Prevention Unit  
(818) 677-5820  
police@csun.edu

Place Registration Sticker HERE: \_\_\_\_\_

**OWNER INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

**LOCAL ADDRESS:**

Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver License: \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PERMANENT ADDRESS:** (If different from Local Address)

Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**BICYCLE INFORMATION:**

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

Men's: \_\_\_\_\_ Women's: \_\_\_\_\_ Speeds: \_\_\_\_\_ Type: \_\_\_\_\_ Frame Size: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**DIRECTIONS:**

- Fill in, print out, and sign the form.
- Deliver the form **IN PERSON WITH YOUR BICYCLE** to:

**The California State University, Northridge Department of Police Services – Darby Avenue & Prairie Street**

I CERTIFY THAT THE BICYCLE I AM REGISTERING BELONGS TO ME AND WAS OBTAINED LEGALLY. I WILL PROVIDE SUCH PROOF UPON REQUEST. I UNDERSTAND THAT REGISTERING MY BICYCLE THROUGH THE UNIVERSITY'S BICYCLE REGISTRATION PROGRAM IS NOT A GUARANTEE THAT MY BICYCLE WILL BE PROTECTED FROM THEFT OR LOSS. INSTEAD, THE PURPOSE FOR REGISTERING MY BICYCLE IS THAT THE INFORMATION I SUPPLY ON THIS FORM MAY BE USED TO CONTACT ME IN THE EVENT THE UNIVERSITY RECOVERS MY BICYCLE AFTER A THEFT OR LOSS. THIS REGISTRATION WILL REMAIN IN EFFECT THROUGH THE END OF THE NEXT ACADEMIC YEAR AND I AM RESPONSIBLE FOR PROVIDING UPDATED CONTACT INFORMATION SHOULD ANY OF THE ABOVE INFORMATION CHANGE.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Registered By: \_\_\_\_\_ Date: \_\_\_\_\_