



BIKE REGISTRATION FORM

OCEAN CITY POLICE DEPARTMENT

OCEAN CITY, MARYLAND



Please complete the following form and return to:

Ocean City Police Department
ATTN: Lindsay O'Neal
6501 Coastal Highway
Ocean City, MD 21842

NAME OF OWNER: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

BICYCLE 1:

MAKE: _____

MODEL: _____

SERIAL NUMBER: _____

SIZE: _____ SEX: _____

COLOR: _____

ADDITIONAL DETAILS: _____

BICYCLE 2 (if applicable):

MAKE: _____

MODEL: _____

SERIAL NUMBER: _____

SIZE: _____ SEX: _____

COLOR: _____

ADDITIONAL DETAILS: _____

Note: If you would like to register more than TWO (2) bicycles, please complete an additional registration form.