

INDIANA UNIVERSITY SOUTHEAST BICYCLE REGISTRATION FORM

Owner Information

Last Name	First Name	Initial	Gender

Local Address

Street Number and Name	Apt/ Floor/ Room/ Building	City and State	Zip Code

Permanent Address (if different)

Street Number and Name	Apt/ Floor/Room/ Building	City and State	Zip Code

Telephone Numbers

Home	Cell	Work	Pager	Other

School Affiliation: Check One student_____ faculty_____ staff_____ other_____

Bicycle Information

Make	Model	Color
Style	Serial No.	Year of Manufacture
Owner Applied Number?	Value	For Office Use: Date Received
IUS Permit No. Issued	Date Filed	IUSPD Employee Name