



City of Lorain

Bicycle License

License Number: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____

Zip Code: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Sex: M / F (Circle One)

Make/Manufacturer: _____

Model: _____

Made in Year: _____

Color: _____

Size: _____

Bicycle Speed: _____

Condition: New / Used

Serial Number: _____

Signature of Owner: _____

Date: _____

Witness: _____

Date: _____

Amount Paid: \$ _____

Issued by: _____

Issued by City of Lorain Auditor's Office