



City of Lorain

Bicycle License

License Number: _____

Last Name: _____ First Name: _____

Address: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Sex: M / F (Circle One)

Make/Manufacturer: _____ Model: _____

Made in Year: _____ Color: _____ Size: _____

Bicycle Speed: _____ Condition: New / Used (circle one)

Serial Number: _____

Signature of Owner: _____

Date: _____

Witness: _____

Date: _____

Amount Paid: \$ _____ Issued by: _____

Issued by City of Lorain Auditor's Office