



Bicycle Registration Form

Unit Address: _____

Email Address: _____

Owners/Tenants Name: _____

Applicant is _____ Owner _____ Tenant

Phone (home): _____ (work) _____ (cell) _____

Complete Description (manufacturer –style – boys/girls, color, etc)

Signature: _____ Date: _____

For office use only:

Decal: # _____ Date Mailed/Picked Up: _____ Issued By: _____

Please return completed form to The Select Group at the address or fax number provided below or email to cdoneff@theselectgroup.us