

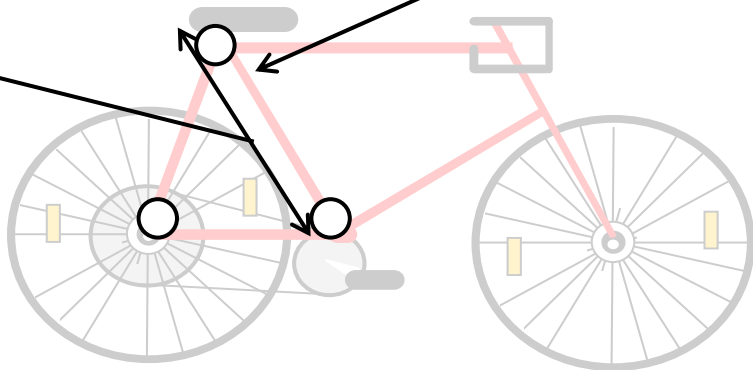


## CITY OF STRATFORD BICYCLE REGISTRATION FORM

|   |                             |   |                    |
|---|-----------------------------|---|--------------------|
| <b>REGISTRATION #</b>   | <b>DATE OF REGISTRATION</b> |   |                    |
| <b>LAST NAME</b>  |                             | <b>FIRST NAME</b>                                       |                    |
| <b>ADDRESS</b>  |                             |   | <b>POSTAL CODE</b> |
| <b>HOME PHONE</b>   |                             | <b>DATE OF BIRTH</b><br><small>(MONTH/DAY/YEAR)</small> |                    |
| <b>BICYCLE MAKE</b>   |                             |   | <b>MODEL</b>       |
| <b>STYLE</b> <input type="checkbox"/> <b>MEN'S</b> <input type="checkbox"/> <b>LADIES</b> <input type="checkbox"/> <b>CHILD'S</b> |                             |   | <b>COLOUR</b>      |
| <b>SERIAL #</b>   | <b>FRAME SIZE</b>           | <b>SPEEDS</b>   |                    |

FRAME SIZE MEASURED IN INCHES OR CENTIMETRES

FIT STICKER ON THIS TUBE



SERIAL # USUALLY FOUND IN AREAS SHOWN AS

**THIS SECTION TO BE COMPLETED BY SELLER OF LICENCE  
OFFICE USE ONLY**

**FEE COLLECTED:**              \$4.00                 \$6.00                 N/C  
ages 17 & under                      ages 18 & over                      NO CHARGE

**EXPLANATION FOR N/C:** \_\_\_\_\_

**IF OWNER IS A STUDENT – GRADE:** \_\_\_\_\_

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL FREEDOM OF INFORMATION & PROTECTION TO PRIVACY ACT AND WILL BE USED FOR THE PURPOSE OF BICYCLE LICENCING. QUESTIONS REGARDING THIS COLLECTION SHOULD BE FORWARDED TO THE CITY CLERK AT 519-271-0250 EXT. 237.