

City of Mt. Pleasant
Online *
BICYCLE REGISTRATION

Name _____
 Last **First** **Middle**

Address _____

Birth date ____ / ____ / ____

Home phone _____

Work phone _____

Additional Information _____

Date Issued _____

License # _____

Make _____

Model _____

Color _____

Trim _____

Frame # _____

Type (circle one) Men's / Women's / BMX

Brake (circle one) Hand / Pedal

Wheel Size _____

Fenders _____

Rims Painted _____ or **Chrome** _____
(color)

Additional Information _____

***You may print out this form and bring it to the Mt. Pleasant Police Department during normal business hours to receive your registration sticker. There is no fee for this service.**