

Skagway Police Department Bicycle Registration Form

Complete all known information. Please use ink and print neatly.

Bicycle Information:

Make: _____

Model: _____

Serial Number: _____

Primary Color: _____

Bike Type (10 speed, mountain, etc.): _____

Size: _____

Gender: _____

Other Descriptors if applicable: _____

Owner Information (if owner is a minor, provide parent or guardian's information below):

Full Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell or Message Phone: _____

Date of Birth: _____

For SPD use:

Date Registered: _____ Permit Number: _____

Officer: _____

Return completed forms to:

Skagway Police Department
Box 518
Skagway AK 99840

Or fax to: 907-983-3632