

 **CITY OF OAK FOREST**  
Growing Families,  
Building a Community

15440 South Central Avenue Oak Forest, Illinois 60452-2195  
708.687.4050 • Fax 708.687.8817 • www.oak-forest.org

**BICYCLE REGISTRATION CERTIFICATE**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF BICYCLE \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

COLOR \_\_\_\_\_

**FOR OFFICE ONLY**

BICYCLE LICENSE NO. \_\_\_\_\_

ISSUED BY \_\_\_\_\_

AMOUNT \_\_\_\_\_

**BICYCLE TYPE:**

BOYS

GIRLS

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**REPORT OF TRANSFER**

DATE \_\_\_\_\_

NEW OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

WRITTEN SIGNATURE OF LICENSEE 

Fill out top-left form completely.

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