

Bicycle Registration Form

Please provide the registration information requested below and mail it to the above address or e-mail it to BikeRU@aps.rutgers.edu. A decal will be mailed to the mailing address you provide below.

Last Name: _____ First Name: _____

RU Phone: _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____
(If you would like your decal mailed to an RU mailing address, please provide your Post Office Box and Campus.)

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ RUID/Employee ID: _____

Make: _____ Model: _____
(Indicate Male or Female)

Color(s): _____ Serial Number: _____
(Usually located under sprocket)

Brand Name/Manufacturer: _____

Property Value (if known): _____

Other Descriptive Information: _____

IMPORTANT: By affixing the permit sticker to your bicycle, you authorize the Rutgers University Police Department to stop whoever is on the bicycle between the hours of 12 midnight and 6 AM.

Decal Registration #: _____ Date Issued: _____

