



The Village of Glenview

BICYCLE REGISTRATION APPLICATION

Owner's name _____

Address _____

Glenview, IL ZIP code _____

Phone number _____

Bicycle make _____ Bicycle color _____

Bicycle size _____ Bicycle model _____

Serial No. _____

Return/mail to:

Village of Glenview
Attention: Records Department
2500 East Lake Avenue
Glenview, IL 60026

Or send by email to: records@glenview.il.us

If mailed or emailed, registration sticker will be returned by mail, to be placed on bicycle.

Office use only:

License No. _____ Date received _____