

Control No. _____

City of Charleston Police Department
Low-Speed Gas-Powered Bicycle Registration

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Serial Number: _____ Make: _____ Model: _____

Color: _____ Speedometer: NO YES: Mileage: _____

Additional Information: _____

Signature of person making request *Date*

OFFICE USE ONLY

\$50.00 Annual Fee Applies – Due by January 1st each year; \$10.00 late fee if paid after January 1st

Registered by Charleston Police Department: _____ Date Registered: _____

Fee paid to Charleston Water Department: _____ Date Paid: _____