



CAMPUS POLICE BICYCLE/LAPTOP REGISTRATION FORM
PLEASE PRINT AND COMPLETE ALL INFORMATION LEGIBLY
RETURN IN PERSON WITH YOUR BICYCLE/LAPTOP
IF YOU HAVE ANY QUESTIONS PLEASE CALL CAMPUS POLICE 941-487-4210

PERSONAL INFORMATION

First Name _____ Last Name _____ Date of Birth _____

HOME ADDRESS

Street _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

COLLEGE ADDRESS

Residence Hall _____ Room # _____ Box # _____

Email: _____ Signature _____ Date _____

*By registering your bicycle/laptop and affixing a Campus Police decal to it, you authorize the Campus Police to stop anyone operating or being in possession of your bicycle to confirm ownership or permission to possess the said bicycle/laptop, should an officer suspect that the person having possession not be the owner.

BICYCLE INFORMATION		
BICYCLE DECAL _____		
Serial # _____	Make _____	Model _____
Color (s) _____	Size _____	Speeds _____ Value \$ _____
Additional Information: _____		

Owner Initial _____	Date _____	Photo _____
Entered in Informant by _____	Date _____	Admin _____

LAPTOP INFORMATION		
LAPTOP DECAL _____		
Serial # _____	Make _____	Model _____
Color (s) _____	Size _____	Value \$ _____
Additional Information: _____		

Owner Initial _____	Date _____	
Entered in Informant by _____	Date _____	