CITY OF MADISON BICYCLE REGISTRATION

TRANSFER OF OWNERSHIP & CHANGE OF ADDRESS FORM

Send in this form to the Bicycle Registration Coordinator at the address below when you move. *OR* when you sell your bicycle, to transfer your registration to the new owner. The new owner should notify the City of Madison Bicycle Registration Coordinator within 10 days of sale of bicycle. For a Change of Address only, you may send a message to the e-mail address below.

Check one of the following: ____ Transfer of Ownership ____ Change of Address

Description of Bicycle for Transfer of ownership / Change of address:

Manufacturer:		Model:			Registration Number:		
Serial Number (see ot	her side):						
				Expi	ration date:5/15/ 20		

Seller's information or Current Owner's old address:

Seller's or Owner's Name (PLEASE PRINT CLEARLY)	Home Phone:		
Seller's or Owner's Old Address:		Worl	k Phone:
City:	State:		Zip:
Email Address:			

New owner's information *or* **Current Owner's new address:** (Please supply new owner info even if they are a charity or if they live outside of Madison, or write "Unknown.")

Buyer's Name (PLEASE PRINT CLEARLY):		Hom	e Phone:
Buyer's or Owner's New Address:		Worl	k Phone:
City:	State:		Zip:
Email Address:			

For Transfer of Ownership:

PO Box 2986

Madison, WI 53701-2986

Seller's verification of sale (this <u>signature is required</u> to transfer registration to new owner): *I*, the recorded Owner, assign the above described bicycle to the Buyer named above:

Signature:

Date:

Mail to: City of Madison Bicycle Registration Coordinator Traffic Engineering Division

r Questions: call 266-4474 or e-mail: bikereg@cityofmadison.com