





CITY OF PEKIN

MOTORIZED BICYCLE REGISTRATION FORM

Name:				DOB:	
	Last	First	MI		
Address:				Phone #:	
	·			Email:	
	City	St	Zip		
<mark>MOTOI</mark>	RIZED BICYCL	E INFORMATION:			
Make:				Serial #:	
Model: _				Engine CC:	
Color:					
Received	Rules of the Roa	d Booklet:			
Notes:	1				
Date:				Registration #:	SE ONLY*****