



BICYCLE AND SCOOTER THEFT (BAST)



St. Louis Metropolitan Police Department – City of St. Louis

1915 Olive Street
St. Louis, Missouri 63103

Bicycle/Scooter Registration

Registration Number: _____ Date Issued: _____

Name of Owner: _____
(Last) (First) (Middle)

Student ID#: _____ University/High School: _____

Campus Resident ☐ Non-Campus Resident ☐

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Phone 2: (_____) _____ Email: _____

Bicycle ☐ Scooter ☐ Serial Number: _____

Make: _____ Model: _____ Year: _____

Color (Primary): _____ Secondary: _____ Cost: _____

Size of Bicycle: _____ Speed: 1 / 10 / 18 / 21

Do not write below this line

Police Use Only

Date Received: ____/____/____ Date Entered: ____/____/____

Received by: ____/____/____ Entered by: ____/____/____

Location Decal Placed: _____ Photo Taken: ____/____/____