

City of Dubuque Bicycle License



Please Print

License Number (office use only): _____ Date: _____

Bike Serial No: _____ Make: _____

Model: _____ Color: _____ Boy Style Girl Style

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please return this form, in person or by mail, along with \$5 (checks payable to City of Dubuque):

City Clerk's Office
50 West 13th Street
Dubuque, Iowa 52001