



LOW-SPEED ELECTRIC/GAS-POWERED BICYCLES REGISTRATION FORM

DATE: _____

OWNER NAME: _____ D.L#: _____

ADDRESS: _____ PHONE: _____

BIKE MAKE/MODEL: _____ SERIAL#: _____

I understand that by signing this document I must comply with all Mt. Carmel City Ordinances and all the provisions of the Illinois Compiled Statutes that regulate the use of low-speed electric or gas-powered bicycles, as amended from time to time. The low-speed electric or gas-powered bicycle may not operate on sidewalks and shall not be operated between the hours of 12:00 a.m. and 6:00 a.m. I acknowledge this permit must be renewed annually at the beginning of the new year and that any sale/transfer must be reported to MCPD within 5 days. Permits are non-transferable.

Owner Signature

Date

POLICE OFFICER USE BELOW

EQUIPMENT CHECKLIST: MUFFLER _____ FRONT/REAR BRAKES _____

REARVIEW MIRROR _____ HEADLIGHT _____ TAIL LAMP _____

FRONT/REAR RED REFLECTIVE DEVICES _____

Officer Signature _____ Date _____ Permit # _____