



The City of Lorain, Ohio
Ronald L. Mantini, Auditor

200 West Erie Avenue, 6th Floor
Lorain, Ohio 44052-1647

Phone: (440) 204-2090
Fax: (440) 204-2097

Bicycle License - City of Lorain, Ohio

License No. _____

Owner - Last Name: _____ First Name: _____ MI: _____

Address: _____ Zip: _____ Phone No: _____

Date of Birth: _____ SS# _____ Sex: M / F (circle one)

Make/Manufacturer: _____ Model: _____

Made in year: _____ Color: _____ Size: _____

Bicycle Speed : _____ Condition: New / Used Serial No. _____

Signature of Owner: _____ Date: _____

Witness: _____ Date: _____

Amount Paid: \$ _____ Issued by: _____

**Issued by City Auditor's Office
Ronald L. Mantini, Auditor**