

MOTORIZED BICYCLE FORM

Name

Date of Purchase

Address

Date

City, State, Zip

Daytime Phone Number

Ref: Motorized Bicycle Information

Year _____

Make _____

VIN # _____

License # _____

Please fill out the following and return it to our office.

Model _____

Size of Engine _____

MILITARY: Kansas Resident _____ Non-Resident _____

Motorized Bicycles are considered personal property and therefore taxable.

Motorized Bicycle Owners Signature _____