



**Lebanon County Department of Emergency Services**

**Stolen License Plate CLEAN/NCIC Entry Form**

**\*Mandatory Field**

**Occupants Armed**

**Hold for Prints**

Date of Report	Reporting Officer	Police Department	Incident Number

License Plate Number	State	Year	Type	Date of Theft

Miscellaneous

Owner's Name & Address

**Upon completion, please fax the form to 717-272-9509**

**\*\*\*LCDES USE ONLY\*\*\***

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By