



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 717-708-9222**

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

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By