



Lebanon County Department of Emergency Services

Stolen Security CLEAN/NCIC Entry Form

***Mandatory Field**

* Date of Report	* Reporting Officer	* Police Department	* Incident Number

* Type	* Serial Number	SEQUENTIAL ONLY	
		Beginning Serial Number	Ending Serial Number

* Denomination		* Issuer	
Social Security Number	Date or Series Year	* Date of Theft	
Ransom Money Indicator			

* Owner's Name & Address

Miscellaneous

Upon completion, please fax the form to 717-708-9222

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

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By