



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 717-272-9509

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

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By