



COUNTY OF LEHIGH
EMERGENCY MANAGEMENT AGENCY
9-1-1 Communications Center

CLEAN/NCIC Entry Worksheet
Stolen Securities

DEPARTMENT INFORMATION	
AGENCY NAME:	OFFICER NAME:
AGENCY (ORI):	DATE OF REPORT:
INVESTIGATIVE REPORT NUMBER (OCA):	
SECURITY INFORMATION	
TYPE:	ISSUER (ISS):
DENOMINATION(DEN):	
OWNER:	SS#:
DATE OF THEFT	SECURITY DATE (SDT):
ENTRY TYPE:	SINGLE SECURITY GROUP SECURITY
SERIAL # :	
For group securities, enter 1st serial # and the last serial # if they are consecutive	
MISCELLANEOUS:	
Authorized Signature & Badge #:	