



**For LAKE COMMUNITY BANK Use Only**

**To Be Completed by the Branch/Department Receiving the Notification**

PLEASE PRINT

Received by: \_\_\_\_\_ Branch/Department: \_\_\_\_\_ Phone  
Ext: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Verification of Identification:**

Primary ID:

ID Country/State: \_\_\_\_\_ ID Type: \_\_\_\_\_

ID#: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Send the completed form to the Fraud Unit with copies of the identification cards.

**To Be Completed by the Fraud Unit**

PLEASE PRINT

Date Research Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Information provided to \_\_\_\_\_ as specified by the victim above.

Date Provided: \_\_\_\_\_