GRAFFITI REWARD CLAIM FORM



Westminster Police Department

8200 Westminster Blvd., Bldg. #5, Westminster, CA 92683 www.westminster-ca.gov

You may be entitled to receive a reward for information provided to the police. The City of Westminster will pay a \$500 reward for information leading to the arrest of, or the filing of a criminal complaint against, whichever comes first, any person maliciously injuring or destroying property, not their own, by use of graffiti. There is a maximum reward of \$500 per incident of vandalism, regardless of the number of suspects arrested. All claims must be made in writing to the Police Department within 30 days of the occurrence.

Steps to making a claim for the reward:

- 1. Request a claim form from the Westminster Police Department and fill it out completely.
- 2. Submit the claim form to the Westminster Police Department- Attention Area Command.
- 3. Arrest rewards are normally paid within 60-90 days of the incident.
- 4. If you have any questions regarding the claim procedure, please contact (714) 548-3747.

				TODAY'S DATE	CASE NUM	BER (if known)
CLAIMANT NAME (Please print)			HOME ADDRESS			
CLAIMANT NAME (Please print)			HOME ADDRESS			
HOME PHONE CE		CELL PHONE	E		BUSINESS PHONE	
DATE OF OCCURENCE	TIME OF OCCURENCE		LOCATION OF OCCUR	ENCE		
DATE OF OCCURENCE	TIME OF OCCURENCE		LOCATION OF OCCUR	ENCE		
TYPE OF PROPERTY DAMAGE	ED .					
NAME OF PERSON ARRESTED) (If known)					
NAME OF FERSON ARRESTEL	(II KIIOWII)					
PLEASE STATE THE G	SENERAL CIRCUMSTA	NCES AND	WHY YOU ARE	ENTITLED TO CLA	IM A REWARD:	
I certify under penalty	of perjury the admission	on is corre	ct.			
in the second policies	-			Claima	nt Signature	Date
				Claima	ni Signature	Dale
				Employee Sig	gnature / Badge #	Date

FOR DEPARMENT USE ONLY

DATE RECEIVED BY WPD	RECEIVED BY EMPLOYEE / BADGE#		
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ATE REVIEWED BY INVESTIGATOR	INVESTIGATOR NAME / BADGE #	☐ APPROVED	DENIED
OMMENTS			
DMMENTS			
OMMENTS			
		Investigator Signature	Date
ATE REVIEWED BY DIVISION COMMANDER	DIVISION COMMANDER NAME / BADGE #	APPROVED	DENIED
OMMENTS	<u> </u>	I	
COMMENTS			
OLINIEL TO			
OMMENTS			
		Division Commander Signature	Date
DATE REVIEWED BY INVESTIGATOR	INVESTIGATOR NAME / BADGE#	APPROVED	DENIED
		APPROVED	DENIED
COMMENTS			
COMMENTS			
OMMENTS			
		Investigator Signature	Date
ATE RETUNED TO AREA COMMAND	DATE DENIAL LETTER SENT		
ATE REQUEST FOR WARRANT SUBMITTED	WARRANT SUBMITTED BY (NAME / BADGE#)		
		Area Commander Signature	Date