

**CLAIM FOR REWARD  
GRAFFITI SPRAY AND PAY PROGRAM  
CODE ENFORCEMENT UNIT**

Before completing this form, please call the arresting agency to obtain the crime case number relating to the incident you witnessed (California Highway Patrol (619) 220-5492; San Diego Police Department (619) 531-2846; San Diego Unified School Police (619) 291-7678; San Diego Harbor Police (619) 686-6596).

Send completed form to Office of the City Attorney, Spray and Pay Program, 1200 Third Avenue, Suite 700, San Diego, California 92101.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:** Today's Date: \_\_\_\_\_

Your Name:	Telephone Number: (day/eve):
Address: City, State, Zip	Crime Case Number:
Date of incident	Location of incident:
Kind of property damaged or destroyed:	

**Please provide the following information relating to the suspect, if known:**

Name:		AKA:		
Address:		Telephone Number:		
Race:	Sex:	Ht:	Wt:	DOB/Age:
Hair Color:	Hair Length:	Facial Hair:	Is the suspect under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe the incident you witnessed and why you believe you are eligible for a reward.

<b>FOR CITY USE ONLY:</b>	
Name of person convicted: _____	
Court: _____	Date of conviction: _____
Date of confession: _____	
Amount of Damage: _____	
Amount of Reward: _____	Date forwarded to Auditor: _____
Additional Comments: _____	