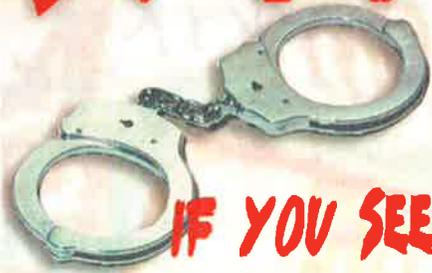


STOP GRAFFITI!

VANDALISM IS A CRIME!



IF YOU SEE A GRAFFITI CRIME IN PROGRESS, CALL 911.

IF YOU ARE REPORTING INFORMATION ABOUT WHO IS RESPONSIBLE FOR SPECIFIC GRAFFITI, PLEASE CALL 951-765-2400. IF YOU WANT TO REPORT GRAFFITI THAT NEEDS TO BE CLEANED UP, PLEASE PHONE THE GRAFFITI HOTLINE AT 951-765-2309.

THE CITY OF HEMET IS DEDICATED TO CLEAN-UP GRAFFITI AS QUICKLY AS POSSIBLE AND TARGET INDIVIDUALS RESPONSIBLE FOR THE VANDALISM. IN 2006, THE CITY OF HEMET SPENT \$83,377 CLEANING UP GRAFFITI. THE HEMET CITY COUNCIL HAS SET UP A GRAFFITI AWARD PROGRAM TO AWARD CITIZENS WHO ASSIST IN FIGHTING VANDALISM.

HOW THE PROGRAM WORKS.

THE CITY'S REWARD PROGRAM AWARDS CITIZENS UP TO \$2,000 FOR GRAFFITI INFORMATION. IF YOU HAVE WITNESSED GRAFFITI AND PROVIDE OFFICERS WITH INFORMATION THAT LEADS TO AN ARREST AND CONVICTION, YOU MAY BE ELIGIBLE FOR THE REWARD.



TO APPLY FOR THE AWARD YOU SIMPLY NEED TO FILL OUT THE A CITY OF HEMET CLAIM FORM THAT CAN BE FOUND ONLINE AT WWW.CITYOFHEMET.ORG OR AT CITY HALL, LOCATED AT 445 E. FLORIDA AVE. PLEASE REMEMBER THAT CASES CAN TAKE UP TO A YEAR TO ADJUCATE BUT AT THE CONCLUSION OF THE CASE, THE HEMET POLICE DEPARTMENT WILL REQUEST THE REWARD BE GRANTED IF THE SUSPECT IS CONVICTED. THE REWARDS ARE PAID FROM TAX-PAYERS MONEY BUT WE DO ALWAYS REQUEST THAT THE SUSPECT PAY RESTITUTION TO THE CITY.

**CITY OF HEMET GRAFFITI HOTLINE:
(951) 765-2309**



City of Hemet

445 EAST FLORIDA AVENUE · HEMET, CALIFORNIA 92543 · (951)765-2307

From the Office of
Sarah McComas
CITY CLERK

City of Hemet Claim Form

CLAIMANT

AGENT OF CLAIMANT

Name of Claimant: _____

Name of Claimant's Agent: _____

Address: _____

Agent's Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: () _____

Telephone: () _____

Date of Birth: _____

Social Security Number: _____

Date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:

General Description of Obligation, Injury, Damages or Loss:

Name(s) of the Public Employee (s) causing Damage, Loss or Injury (if known):

The amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective damage, loss or injury, so far as is known at the time of the presentation of this claim, together with the basis of computation of the amount claimed. (Please attach copies of estimates, photographs, etc.)

Amount Claimed: \$ _____

Date: _____

Signature

RETURN COMPLETED CLAIM TO:

City Clerk
City of Hemet
445 E. Florida Avenue
Hemet, CA 92543