

# STOP GRAFFITI



*Graffiti Hotline  
for removal:*

*(951) 765-2309*

The City of Hemet is dedicated to cleaning-up graffiti as quickly as possible and targeting those responsible for it. The City of Hemet has spent well over \$100,000 cleaning up graffiti. The Hemet City Council has set up a reward program for citizens who assist in fighting vandalism.

*If You See A Graffiti Crime in  
Progress, Call (951) 765-2400*



## *How the Program Works*

The City's reward program awards citizens with a gift card of up to \$500.00 to any business located in the City of Hemet, designated by the award recipient. If you have witnessed graffiti and provide officers with information that leads to an arrest & conviction, you may be eligible for a reward!

## *How to Apply for the Reward*

To apply for the reward, you simply need report graffiti in progress, assist the officers, then complete and submit a [City of Hemet Claim Form](#). Return the completed form to City Hall, 445 E. Florida Avenue, Hemet. Please remember that cases can take up to a year to adjudicate, but at the conclusion of the case, the Hemet Police Department will request the reward be granted if the suspect is convicted. These rewards are paid from Tax-Payer funds, but we always file with the Court for the suspect to pay restitution.



# 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**