

## City of Santa Ana Application for Payment of Graffiti Reward



NOTE: The City of Santa Ana is not liable for any personal injury, property damage or suffering as a result of apprehension or identification of person(s) caught in the act of *Graffiti Vandalism*. It is the sole responsibility of the applicant to file and pursue their reward. The City and other agencies are not responsible for performing this act.

Mail to: Santa Ana Police Department / M-96, Attention: Graffiti Task Force, 60 Civic Center Plaza, P.O. Box 1981, Santa Ana, CA 92701

## **APPLICANT INFORMATION (Please print)**

| Last Name                                                     |                                    | First Name           |                                    | Middle Initial |   |    |  |
|---------------------------------------------------------------|------------------------------------|----------------------|------------------------------------|----------------|---|----|--|
| Street Address                                                |                                    | City                 | State                              | Zip Code       |   |    |  |
| Daytime Contact Phone Number                                  |                                    |                      | Date of Birth                      |                |   |    |  |
| Driver's License # or CA ID #                                 |                                    | Socia<br>(For p      | I Security Number ayment purposes) |                |   |    |  |
| DESCRIPTION OF CIRCUMSTANCES (Fill in or mark all that apply) |                                    |                      |                                    |                |   |    |  |
| Case Number                                                   | Date of Inci                       | dent                 | Time of Incident                   |                | M | PM |  |
| Location of Incident                                          |                                    |                      |                                    |                |   |    |  |
|                                                               |                                    |                      |                                    |                |   |    |  |
|                                                               |                                    |                      |                                    |                |   |    |  |
|                                                               |                                    |                      |                                    |                |   |    |  |
| I certify the above informat                                  | ion is true and correct, to the be | est of my knowledge. |                                    |                |   |    |  |
| Signature                                                     |                                    | Date                 |                                    |                |   |    |  |
|                                                               |                                    |                      |                                    |                |   |    |  |
|                                                               | DO NOT WRITE BE                    | LOW THIS LINE - FO   | OR OFFICIAL USE ONLY               |                |   |    |  |
| Investigating Officer                                         |                                    | Badge Number         | Phon                               | ne Number      |   |    |  |
| Disposition                                                   | Approved for \$500 Reward          |                      | Denied (See Notes Bel              | ow)            |   |    |  |
|                                                               |                                    |                      | Insufficient Involvemen            | t              |   |    |  |
|                                                               |                                    |                      | Unable to Locate Incide            | ent            |   |    |  |
|                                                               |                                    |                      | Insufficient Information           |                |   |    |  |
| Investigation Summary                                         |                                    |                      |                                    |                |   |    |  |
|                                                               |                                    |                      |                                    |                |   |    |  |
|                                                               |                                    |                      |                                    |                |   |    |  |
|                                                               |                                    |                      |                                    |                |   |    |  |
| Davioused and annears de-                                     |                                    |                      |                                    |                |   |    |  |
| Reviewed and approved by:                                     |                                    |                      |                                    |                |   |    |  |
| Name Signature                                                |                                    |                      |                                    | Date           |   |    |  |