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 Claim Form

CLAIMANT

Name of Claimant: ___________________________
Address: ___________________________________
City: _______________________________________
State: ________ Zip Code: _________________
Telephone: ( ) _____________________________
Date of Birth: ______________________________
Social Security Number: ______________________

AGENT OF CLAIMANT

Name of Claimant’s Agent: ___________________
Agent’s Address: ___________________________
City: _______________________________________
State: ________ Zip Code: _________________
Telephone: ( ) _____________________________

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