

Send completed form to the West Chicago Police Department, Spray and Pay Program,  
at 325 Spencer Street, West Chicago, IL 60185

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

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

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

<b>Name:</b>		<b>AKA:</b>		
<b>Address:</b>		<b>Telephone Number:</b>		
<b>Race:</b>	<b>Sex:</b>	<b>Ht</b>	<b>Wt:</b>	<b>DOB/Age:</b>
<b>Hair Color</b>	<b>Hair Length</b>	<b>Facial Hair</b>	<b>Is the suspect 18 years old?</b>	<b>Yes No</b>
<b>Other:</b>				

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

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**FOR CITY USE ONLY:**

Name of person convicted: \_\_\_\_\_

Court: \_\_\_\_\_ Amount of Damage: \_\_\_\_\_

Date of arrest: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Amount of Reward: \_\_\_\_\_

Additional Comments: \_\_\_\_\_