

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:

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

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

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

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: _____