

**CLAIM FOR REWARD
CITY OF BILLINGS CODE ENFORCEMENT
DIVISION
ANTI-GRAFFITI PROGRAM**

Before completing this form, please call the Billings Police Department at 406-657-8460 to obtain the case number relating to the incident you witnessed.

Send completed form to City of Billings, Code Enforcement Division, PO Box 1178, Billings, MT 59103.

PLEASE PROVIDE THE FOLLOWING INFORMATION: Today's Date: _____

Your Name:	Telephone Number: (day/eve):
Address: City, State, Zip	BPD Case Number:
Date of incident	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 under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<p>FOR CLAIMANT:</p> <p>Date: _____</p> <p>Signature: _____</p> <p style="text-align: center;">Claimant</p>

FOR CODE ENFORCEMENT:

Name of person convicted: _____

Date of conviction: _____

Court/Cause Number: _____

Amount of Damage: _____

Amount of Reward: _____

Claim: ___ Verified as accurate/ ___ Partially verified as accurate/ ___ Unable to be verified as accurate

Additional Comments: _____

Date forwarded to City Clerk: _____

Signature: _____

Code Enforcement Officer

FOR CITY ADMINISTRATOR:

Claim: ___ Accepted/ ___ Accepted in Part/ ___ Denied

Additional

Comments: _____ Date: _____

Signature: _____

City Administrator

FOR CITY CLERK/COUNCIL:

Claim: ___ Accepted/ ___ Accepted in Part/ ___ Denied

Date: _____

Signature: _____

City Clerk