



ANTI-THEFT REWARD PROGRAM

Please send completed form with supporting documentation to:
California Avocado Commission
Attn: Theft Reward Program
12 Mauchly, Suite L
Irvine, CA 92618
Fax (949) 341-1970
Email aaymami@avocado.org

Anti-Theft Reward Claim Form

Upon receipt of completed claim form, Commission staff will verify the claimants' eligibility to receive a reward and determine the amount of the reward based on the criteria set forth in the Anti-Theft Reward Program. Staff will not contact law enforcement agencies or the court to gather additional information. Claimants' will have the entire burden of providing staff with supporting documents. Staff will complete its review and decision on rewards within ten (10) days from receipt of the claim and all necessary supporting documents and information.

CLAIMANTS' INFORMATION

Applicants

Name:

Last *First* *M.I.*

Current Mailing
Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home:

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Mobile:

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Social Security
Number:

- -

CLAIMANTS' EMPLOYER INFORMATION

Employer's
Name:

Employer's
Address:

Street Address *Suite/Unit #*

City *State* *ZIP Code*

Phone:

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ATTACH ALL INCIDENT REPORTS

Please include copies of all crime incident reports or other law enforcement summaries of the occurrence. These documents must clearly reflect the claimants' involvement and eligibility for a reward; otherwise the claimants should provide Industry Affairs staff with a letter from the investigating law enforcement agency verifying their involvement and eligibility. Also include any copies of clerks' dockets, or other court documents clearly indicating a conviction for avocado related crimes.