Utah Office for Victims of Crime 350 East 500 South, Suite 200 Salt Lake City, Utah 84111 Phone (801)238-2360, Toll Free (800)621-7444 Email crimevictims@utah.gov

CLAIM FOR CRIME-RELATED SECURITY COSTS

Submission of this form does not guarantee payment

Claimant's Na	me:	Victim's Name:	Claim #:
secur reside max a	ity system. It can also be used ence, such as a damaged entra amount payable is \$1500. If yo	I to replace crime-related damag ance door or broken windows th ou have questions about whethe	ocks, or equipment and installation costs of a les creating a security concern for the at could be used to access the residence. The r or not a cost is coverable, please contact r a security system are not payable.
2. What	would you like to use this be	nefit for and how is it related to	the crime?
b c. 4. Inforr a	 If you paid the expenses of amount paid. We may need documentation provided. If you would like us to pay that security expenses typing If you have Home Owners' please contact your Reparamation needed to pay a provided invoice detailing specific sets. A W9 form, including Fede 	d to request additional information a provider, please have them concally have to be reimbursed as managed in the possibility der: ervices/items requested as well a	on if the item (s) purchased and the on if the item purchased is not clear from the ntact our office to discuss billing. Please note nost of these providers will not bill us. ed entrance door or broken window(s), of reimbursing the deductible. s total cost. mation, and address the payment should be
	C receives and approves this in e of Utah Division of Finance.	nformation it will take a minimur	n of two weeks for you to receive a check
knowledge ar	are that the information conta	statements I make that I do not	ess true and correct to the best of my believe to be true may subject me to crimina
Victim or Clai	mant Signature:		Date: