

Request to perform
Community Service Hours

Date requested: _____

(please print clearly)

Name: _____

Address: _____

Phone: **Home:** _____ **Cell:** _____

Age: _____

Skills: _____

How many hours needed: _____

Reason for needing to complete community service hours:

For Office Use Only

Referred to: _____

Supervisor: _____

Start Date _____

Scheduled Time: _____

End Date: _____

*****Note, CORI form must be completed prior to commencing hours needed.**

*****A copy of this notice must be forwarded to the Selectmen's office prior to start date.**