CITY OF BLANCO MUNICIPAL COURT 300 Pecan Street / P.O. BOX 750 BLANCO, TEXAS 78606 830-833-4525 / FAX 830-833-4121

## **COMMUNITY SERVICE TIME SHEET**

DEFENDANT	IAIVIE:		CAUSE #:				
DOB:	PHONE	E #	DATE ASSIGNED:				
COMMUNITY	SERVICE PROV	/IDER:	н	HOURS ASSIGNED:			
COMMUNITY	SERVICE PROV	/IDER PHONE #_	COMPLETE BY:				
<u>DATE</u>	TIME IN	TIME OUT	TOTAL HOURS	SUBTOTAL HOURS	SUPERVISOR INITIALS	DEFENDANT INITIALS	
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ENTITY OR A N SOCIAL WELFA You must also the printed na	IONPROFIT OR ARE AND THE G turn in a lette Ime, signature	GANIZATION THA GENERAL WELL BI er on company/o and contact pho	ED COMMUNITY SE AT PROVIDES SERV EING OF THE COMM organization letter of the number of the	CES TO THE GENE MUNITY. with your name a	RAL PUBLIC THAT	ENHANCES indicated with	
	_	<b>ty service, I will:</b> er I choose to arra	ange community	•Not use a	busive language		
	-		aiaaia.a				
<ul><li>Wear</li><li>Not d</li></ul>	appropriate c eliberately de	•	ny tools or propert				
<ul><li>Apply</li></ul>	for authorizat		inyone in association of time if needed by questions	on with my comm	unity service		
l uno	derstand that f	ailure to follow t	hese rules may res	ult in a warrant be	eing issued for my	arrest	
I certify that th	ne above recor	d is a true repres	sentation of the nu	mber of hours wo	rked for the above	e period.	
Defendant Si	gnature			Community Serv	rice Provider Rep	Signature	

<u>DATE</u>	TIME IN	TIME OUT	TOTAL HOURS	SUBTOTAL HOURS	SUPERVISOR INITIALS	DEFENDANT INITIALS
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