

Hours Ordered _____
Court Date _____

CITY OF GREELEY MUNICIPAL COURT
COMMUNITY SERVICE/ USEFUL PUBLIC SERVICE WORK LOG
(The Defendant shall return this form to the Court, not the job site.)

Case Number: _____

Summons Number (Optional): _____

Name of Defendant: _____

Work Site Name: _____

Work Site Address: _____

Signature of Person for whom the work was done: _____

Printed name of person for whom the work was done: _____

Contact Phone Number for the Job Site: _____

WORK LOG

DATE	NATURE OF WORK	HOURS WORKED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours Worked: _____

Defendant shall return this form to:
City of Greeley Municipal Court
919 7th Street, Suite 102
Greeley, CO 80631
970-350-9230
970-3509231 Fax
mccourt@greeleygov.com