

COMMUNITY SERVICE COMPLETION REPORT

Client Name: _____

I attest that the above mentioned individual completed a total of _____ community service hours for our organization, and that the attached "Community Service Record" is an accurate reflection of the community service performed. I understand that the submission of false information may constitute a violation of C.G.S. 53a-155.

Organization

Name (please print)

Signature

Date

Should you have any questions or require any additional information, please contact the following representative from our organization:

Name:	
Title:	
Street Address:	
City:	
Phone Number:	

*****Do Not Write Below This Line*****

The above satisfies the community service portion of the assigned program. If deemed necessary, I have verified the validity of the above information.

Authorized CSSD/CSSD Contracted Provider Signature

Date