## **COMMUNITY SERVICE LOG**

Na Cit	me: ation Numl	oer:						
	Date of	Location of	Time In	Time Out	Total Time	Supervisor's Name	Supervisor's	Program
	Service	Service		Time out	(in hours)	Supervisor 5 rume	Signature	Contact
								Number

I, \_\_\_\_\_\_ (name), declare under penalty of perjury that I completed at least 8 hours of community service as documented above and required by the diversionary program.

(signature)