

Hours Ordered:	-
Due Date:	

CITY OF GREELEY MUNICIPAL COURT

COMMUNITY SERVICE/ USEFUL PUBLIC SERVICE WORK LOG

(The Defendant MUST return this form to the Court, not the job site.)

Work Site Name	e:	
Work Site Addre	ess:	
Printed name of	f person for whom the work was done: _	
Signature of Per	rson 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 Probation Department
1001 11th Ave.
Greeley, CO 80631
970-350-9246
970-350-9231 Fax
mcprobation@greeleygov.com