



COMMUNITY SERVICE VOLUNTEER TIME SHEET

Organization Name: _____

Address: _____ Telephone _____

Community Service Hours

Date	Description of Work	Location	Supervisor	No. of Hours

Supervisor _____
(Print Name)

Client _____
(Print Name)

Supervisor _____
(Signature)

Client _____
(Signature)

This form must be mailed or faxed to your property manager at the address below:

Salt Lake County Housing Authority
3595 South Main Street
Salt Lake City, Utah 84115

Fax Number: 284-4406

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

