

Community Service Acknowledgement

For our records, please complete the following below regarding your offense and the hours to be served. This is for our records only and will be kept confidential.

Number of community service hours to be completed: _____

Your offense was (please check one):

- A traffic violation
- Other. If other, please provide a brief description.

Court Name/Location _____

Court Contact Name _____

Court Contact Phone Number _____

I, _____, having been required by law to

Print Your Name

complete community service do hereby acknowledge that I have received a copy of, read and understand Habitat for Humanity of Kitsap County guidelines for court-ordered community service. I also affirm that I will abide by the Kitsap Habitat community service guidelines. Everything I have written here is true to the best of my knowledge.

Signature

Date