

COMMUNITY SERVICE WORK ORDER

CONTACT NAME: _____

PHONE: _____

JOB LOCATION:

DATE OF REQUEST: _____

DATE OF JOB: _____

DESCRIPTION OF JOB:

PARTICIPANTS REQUESTED:
_____ INDIVIDUALS _____ COMMUNITY CREW

WORK ORDER TAKEN BY: _____

Community Corrections Staff Signature

Office Use Only:	Comments:
_____ Job Confirmed	_____
_____ Job Completed	_____
_____ Date Confirmed	_____

Huntington County Community Corrections
201 N. Jefferson St. Room 308
Huntington, IN 46750
260-359-3640