ROGER D. EATON CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER 350 EAST MARION AVENUE PUNTA GORDA, FLORIDA 33950

COMMUNITY SERVICE TIME SHEET

ALL INFORMATION MUST BE COMPLETED

Name:		Case/0	Case/Citation #:			
Hours to be completed:		Due D	Oate:			
Physical and	d/or other limitations: _					
***All infor	rmation below must be	completed by th	e Organization	(one (1) ti	mesheet per Organization) ***	
Name of No	on-Profit Organization:					
Address of I	Non-Profit Organization	n:				
Address City		City	Sta	te	Zip Code	-
Organization	n Coordinator:					
Date	Organization	Time In	Time Out	Hours	Signature & Phone Number of Su	pervisor
		Total hou	rs completed:			
Comments:						
Signature of Organization Coordinator:					_ Date:	

If you choose a service provider not on the approved list, you must provide proof of a non-profit status, address, phone number, and name of Organization Coordinator. Information must be on that Organization's Letterhead. If this form in not complete it will not be accepted to calculate the hours. You must make your own copies for more than one organization. Must be filed in person or by mail: Clerk of the Court, 350 E Marion Avenue, Punta Gorda, FL, 33950, Attn: Traffic Division.