## **COURT ORDERED COMMUNITY SERVICE APPLICATION**

## **Applicant Information**

Full name:	FIRST	MIDDLE	LAST	
Colchester Address:		MIDDLE		
Phone number:	Cell number			
<b>CT Drivers License</b>	Orivers License please present to office personnel for copying			
Social Security # Date of Birth			h	
		ATION, I GIVE THE T ACKGROUND CHECK	COWN OF COLCHESTER X.	
Applicant's signature Date				
Total nun	aber of hours r	required Dat	e to be completed	
Full Name:		rmation if under the ag		
Address:				
Phone number:	Cell number			
	E THE TOWN	ATION, AS THE GUAL OF COLCHESTER PI	RDIAN OF THE ABOVE ERMISSION TO DO A	
Day(s) of the week a	vailable:			
Time of the day avai	lable:			

ONCE YOU HAVE BEEN ACCEPTED TO FULFILL YOUR COURT ORDERED COMMUNITY SERVICE WITH THE TOWN OF COLCHESTER IT WILL BE YOUR OBLIGATION TO ARRIVE, PROPERLY ATTIRED, ON TIME AND ON

THE DAY ASSIGNED. IF AT ANY TIME YOU ARE UNABLE TO REPORT ON THE ASSIGNED DAY IT IS YOUR RESPONSIBILTIY TO CALL AND ADVISE THE SUPERVISOR YOU ARE WORKING UNDER. IF YOU DO NOT ARRIVED ON THE DESIGNATED DAY AND TIME FOR THREE (3) OCASSIONS YOUR COMMUNITY SERVICE WILL BE TERMININATED AND YOU WILL RECEIVE A LETTER SHOWING THE TIME COMPLETED AS OF THAT DATE.

I understand m	y obligation as noted above:	