



KEENESBURG MUNICIPAL COURT
140 S MAIN ST
PO BOX 312
KEENESBURG, CO 80643
(303)732-4281
townofkeene@rtebb.net

COMMUNITY SERVICE REPORT

NAME _____ CASE NO. _____

ADDRESS _____

NON-PROFIT ORGANIZATION _____

ADDRESS _____

SUPERVISOR & TITLE _____

SUPERVISOR PHONE NO. _____

HOURS TO COMPLETE: _____ COMPLETE BY _____

Date	Type of work performed	Hours worked	Non-Profit Organization	Supervisor Signature

TOTAL HOURS WORKED _____

DATE RETURNED TO COURT _____

To the Non-Profit Organization: The Town of Keenesburg appreciates your participation and efforts. Thank you.

To the Defendant: It is your responsibility to provide the Keenesburg Municipal Court with this document.