



CITY OF RIVIERA BEACH COMMUNITY SERVICE HOURS VERIFICATION FORM

MUST BE ACCOMPANIED BY A SIGNED LETTER ON CITY LETTERHEAD FROM THE DIRECTOR OF PARKS & RECREATION DEPT.

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Reason for Community Service: _____

Amount of Hours to be completed: _____

Site Service Performed: _____

Reporting Supervisor's Name, Position and Address: _____

| Name | Date | Time | Describe Work Performed |
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Total Hours Completed: _____

Reporting Supervisor

Date

Location: _____