• COMMUNITY WORK ORDER FORM •

Name: _______________________________ Date: _______________________________

Physical Address: ____________________________

Registered Voter: [ ] YES [ ] NO Census Number: ______________________________

Verified By: ________________________________ Telephone Number: ____________________

[ ] WALK-IN [ ] PHONE CALL

Type of Work Requested:

[ ] WOOD CHOPPED/CUT [ ] SNOW SHOVELED
[ ] ROAD GRADED [ ] WOOD/COAL HAULED
[ ] OTHER: (please specify below)

[ ] APPROVED [ ] DISAPPROVED

Chapter Coordinator’s Signature __________________________ Date

• FORT DEFIANCE CHAPTER USE ONLY •

Referred the Work Order To: ______________________________ Date: __________________________

Additional Remarks: ______________________________

Worker’s Remarks: [ ] Completed [ ] Incomplete

Additional Remarks: ______________________________

Chapter Worker’s Signature __________________________ Date