

# WATERTOWN HOUSING AUTHORITY

## COMMUNITY SERVICE PARTICIPATION LOG

Name: \_\_\_\_\_

Month: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Activity	Hours	Non-Profit Organization	Contact Person (Print)	Contact Person Telephone #

**I certify that I have performed the activities described above in compliance with the Community Service Requirement:** \_\_\_\_\_

(Tenant Signature)

(Date)

**\*COMPLETED FORMS MUST BE RETURNED TO YOUR CLERK EVERY MONTH**