



Service Project _____

Request by _____

Address _____

Telephone _____

Service Project Description:

This service project for Enoch City has been approved and is planned to begin on _____ (date) and be completed _____ (date).

The following individuals are approved volunteers for this service project:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The individual supervising this project must be 18 years old or older and must be an approved representative of the sponsoring organization.

The Supervisor is _____ (name) _____ (title)
Contact # _____

Approval:

Acknowledgement:

Department Head Date

City Manager Date