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| --- | --- |
| Total Amount of Violation | Ph |
| Converted to number of hours for community work |  |
| Schedule of community work | Within 7 days |
| Type of community work | Measurement |
| 1. cleaning of graffiti or spit of momma- CBAO/Barangay | No. of hours |
| 1. voluntary blood donation- HSO/DHC | No. of ml |
| 1. segregate garbage at Dumpsite- CEPMO | No. of hours |
| 1. pick up trash in parks- CEPMO/Barangay/BCPO | No. of hours |
| 1. clean CR in public schools- School Admin/Barangay | No. of hours |
| 1. Reproduction of IEC materials – BCPO/Barangay/POSD |  |
| 1. Posting of IEC materials – BCPO/BARANGAY/POSD |  |
| 1. plant trees- CEPMO |  |
| 1. Dengue 4s- HSO |  |
| 1. voluntary blood donation- HSO |  |
| 1. Others | |

**COMMUNITY SERVICE FORM**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERRED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL AMOUNT OF VIOLATION COMMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To serve no of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(see attached citation ticket for details)

**REFERRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**COMMUNITY SERVICE**

**CERTIFICATE OF COMPLETION**

**This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**with postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**has rendered the required community services as penalty for violation of Ordinance 34 s 2017 (Anti-smoking Ordinance)**

**Issued this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_**

**Issued by:**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BARANGAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**