**COMMUNITY SERVICE FORM**

**CERTIFICATION**

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, age (\_\_\_) , sex ( ) with postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_committed violation under ordinance 34 s 2017 Anti-Smoking Ordinance, with a total violation of Ph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

That I, opted to do community service of which the details is stipulated below and at my own will and decision.

That I, will not hold the apprehending officer liable should there will be untoward incidence/s that will happen during the time of my community services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

NAME AND SIGNATURE DATE

|  |  |
| --- | --- |
| Total Amount of Violation | Ph |
| Converted to number of hours for community work |  |
| Schedule of community work |  |
| 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- CBAO | No. of hours |
| 1. pick up trash in parks- CBAO/Barangay | No. of hours |
| 1. clean CR in public schools- School Admin/Barangay | No. of hours |

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

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

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

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