

Client Name _____

Address _____

City /State/ Zip _____

Community Service Organization:
Your cooperation is requested in helping the above participant fulfill community service conditions stipulated by the Douglas County/City of Omaha Diversion Program facilitated by the National Safety Council, Nebraska.

Please indicate on the reverse side the date and hours worked.

If you should have any questions or concerns, feel free to give our offices a call during business hours.

Thank you for your assistance,

National Safety Council,
Nebraska
11620 M Circle
Omaha, NE 68137
(402) 898-7348



DATE	HOURS WORKED	SERVICE ORGANIZATION REPRESENTATIVE'S SIGNATURE

Community Service Organization _____
Address _____
Contact Name _____ Phone _____