Name_____
Address_____
City, State, Zip_____

Ticket#: _____ Case ID: _____

Community Service Organization:
Your cooperation is requested in helping the above participant fulfill community service conditions stipulated by the Diversion Program facilitated by the National Safety Council – Nebraska Chapter.
Please indicate in the table below 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 Chapter
3111 Oak View Drive
Omaha, NE 68144
(402) 898-7361

DATE	HOURS WORKED	SERVICE ORGANIZATION REPRESENTATIVE'S SIGNATURE

Community Service Organization _____

Address_____

Contact Name _____ Phone _____