



TOWN OF TRURO
Senior Municipal Service Program Time Sheet
Community Services Department
P.O. Box 2030
Truro, MA 02666
(508) 487-2462

MONTH: _____ YEAR: _____

Name of Participant: _____

Address: _____

Department: _____ Supervisor: _____

Phone Number: _____

To receive a real estate tax reduction for hours worked, this time sheet must be completed and submitted to the Community Services Department by the 1st of the month.

Date Worked	Number of Hours	Total Hours For Month		Date Worked	Number of Hours	Total Hours For Month

Participants Signature: _____

Supervisor's Signature: _____