



**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 |
|-------------|-----------------|-----------------------|--|-------------|-----------------|-----------------------|
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|             |                 |                       |  |             |                 |                       |

Participants Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_