Volunteer Graffiti Service Log

Name _____ Phone No.: _____

Address/City/Zip _____

Please complete and return this form to:

Graffiti Task Force
1060 Pacific Avenue, Building 3
Oxnard, CA 93030

An e-mail version of this log is available at: www.oxnardwatch.org
E-mail the completed form to: www.stopgraffiti@ci.oxnard.ca.us

Service Date	No. Hours	Service Site	Service Performed

Total Hrs _____

_____ Date _____

Volunteer Signature

_____

Please Print Your Name