



East Point Municipal Court

Community Service Application

Contact Information

Agency: _____ Date: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Point of Contact: _____

Is your organization Tax Exempt? YES NO

Is your organization a 501(c)3? YES NO

Is your organization insured? YES NO If YES, please provide proof of insurance

How many participants will you accept? _____

Work to be performed:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application is accepted, I understand that false or misleading information in this application may result in release from the program.

Signature: _____ Date: _____