TOWN OF HAMILTON
Senior Citizen Property Tax Work-Off Abatement Application
TIME LOG

Name: _____

Address: _____

Services Provided to the Following Department: _____

Calendar Year: _____

DATE	SIGN IN TIME	SIGN OUT TIME	# OF HOURS WORKED	YTD Total	SUPERVISOR INITIALS

This is to confirm that the resident named above has completed _____ hours of service under my supervision.

_____ **Date:** _____
Signature

_____ **Date:** _____
Printed Name