



Housing Authority of Murray CSSR Participation Log

Name: _____ Address: _____

Date	Description/Activity/Event	Hours Completed	Organization/Group Name	Contact Name (Please Print)	Signature Verifying Services/Participation	Phone Number
Total Hours This Page			I certify that I have performed the activities described above in compliance with the Community Service Requirement. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 200px;"></div> <div style="border-top: 1px solid black; width: 200px;"></div> </div>			