CITY OF SUGAR LAND

Municipal Court

REQUEST FOR ALTERNATE COMMUNITY SERVICE LOCATION

Location must be a registered 501(c)3 non-profit organization.

I_____, am requesting to do community service hours at the following organization_____.

Ticket/Case Number: _____

Offense/Charge: _____

Organization Phone Number: _____

Contact Person: _____

Organization Website: _____

A brief description of the service I will be providing to the organization:

_____

_____

_____

_____

_____

Sincerely,

Defendant Signature _____

Phone Number: _____

Email: _____

***ALL SECTIONS OF FORM MUST BE COMPLETED FOR CONSIDERATION ***

Sugar Land Municipal Court **Phone:** 281-275-2560 **Fax:** 281-275-2648