



CITY OF SUGAR LAND

Municipal Court

REQUEST FOR ALTERNATE COMMUNITY SERVICE LOCATION

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: _____