



Chester County Adult Probation & Parole Department  
Community Service Request Form

The following must be completed thoroughly to assist us in responding promptly to your request. Please type or print legibly.

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Project/Event: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

**Description of Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location of Event**

Please provide specific directions to project/event location.

\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_

Send or Fax Request to:  
Bruce McClure, Probation/Parole Supervisor  
201 West Market Street, Suite 2100  
West Chester, PA 19380  
Fax: 610-344-6321

Probation/Parole Supervisor Use Only

Approved: \_\_\_\_\_  
Sent to Community Service Forman: \_\_\_\_\_

Disapproved: \_\_\_\_\_  
Sent to requester: \_\_\_\_\_