



TOWN OF LANCASTER
SENIOR PROPERTY TAX WORK-OFF PROGRAM TIMESHEET

NAME:	PHONE:
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ADDRESS:

SUPERVISOR:

NAME/LOCATION OF ASSIGNMENT:

MONTH ENDING DATE:	TOTAL HOURS FOR MONTH ENDING:
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TIMESHEET MUST BE SUBMITTED TO THE ASSESSORS OFFICE BY THE 5TH OF EACH MONTH

701 MAIN STREET, PRESCOTT BUILDING, SUITE 3

LANCASTER, MASSACHUSETTS 01523

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

I certify under penalties of perjury that I have worked the hours as recorded above.

PARTICIPANT SIGNATURE: _____ DATE: _____

I have reviewed and approved the record of hours worked for the above named participant.

SUPERVISOR SIGNATURE: _____ DATE: _____