

**CITY OF STOUGHTON MUNICIPAL COURT
COMMUNITY SERVICE COMPLETION FORM**

Date

Stoughton Municipal Court
Public Safety Building
321 South Fourth Street
Stoughton, WI 53589

Dear Judge Roethe:

The purpose of this letter is to inform you that _____
has successfully performed the _____ hours of community service he/she
was ordered by the Stoughton Municipal Court to perform.

Agency/Organization

Representative

Address

Position

Phone Number