

Slatemont Property Owners Association
Community Work Documentation
Virginia Department of Forestry Grant

Workers Name: _____

SPOA Address: _____

Date(s) Worked: _____

Total Hours Worked: _____

Description of Area Worked and Activity:

Pictures attached (please check): Yes ____ No ____

Signature: _____

Please return completed form(s) to:

dvwshouses@gmail.com

OR

Dan Stokes

12400 Second Branch Rd.

Chesterfield, VA 23838
