

CRC 2021 Work Bond Verification

Name: _____ Number: _____

Date Worked (m/dd/yy): _____

Description of Work: _____

Work Party Supervisor Signature and Date:

In order to insure that you get credit for having done your work bond, take this card with you to the range, fill out the information, and have the work party supervisor sign and date it. Then mail the card to: **CRC, 620 Lewis Street, Castle Rock, CO 80104.**

If you elect to pay the \$100 in lieu of working, please send this card with your check to: **CRC, 620 Lewis Street, Castle Rock, CO 80104.**

REMEMBER – Your work bond obligation must be satisfied by work or payment by October 31 of this calendar year.