



NAPA COUNTY

Department of Corrections

A Tradition of Stewardship
A Commitment to Service

CCWP WORK CREW REQUEST FORM

Date of Request: _____ Requestor: _____
(Print Name)

Agency Requesting Crew: _____
(County, Agency, Department, Etc.)

Agency Address: _____

Agency Phone Number: _____ / _____
(Office) (Cell)

Brief description of Project to be completed (tools and instruction to be provided by requesting agency):

Date requested project completion: _____ Estimated time to complete: _____
(hrs,days,etc.)

Location of Project: _____

Send Request(s) to: **Napa County Department of Corrections**
Classification Supervisor
1125 Third St.
Napa, CA 94559 (707)253-4401 Fax (707)253-4801

Any project/work requests by a CCWP work crew are done so with consideration of the participant's welfare. No private requests will be considered. Keep in mind all projects must be for the good of the public.

DEPARTMENT OF CORRECTIONS USE ONLY

Date Received: _____ Confirmation Sent: _____

Follow up contacted date: _____ Work Crew Assigned: _____

Work Proposal Accepted: YES NO (explain): _____

Notes: _____

Start Date: _____ Completion Date: _____

Total CCWP Work Crew Hours: _____

