THE AMERICAN LEGION, DEPARTMENT OF MICHIGAN

POST SERVICE OFFICER REPORT

Month/Yr-

District# Post#

Address:

Prepared By: _____

(Print Name)

		Correspondence Out			Request for Service (Telephone and In-Person)								Action Taken													
						In-Person																				
Date	Name	Fax/E-Mail	Written	Other	Telephone Calls	OEF/OIF	Gulf War	Vietnam	Korea	World War II	Other/Peace Time	Widow/Other	Referred to DVSO	Referred to Other Service Organization	Referred to County Services	Referred to Legion HQ	Referred to:	Referred to:	Referred to:	Referred to:	Referred to:	Referred to:	Referred to:	Referred to:	Referred to:	Referred to:
Telephone calls totals>>>>>>>>>					0	0							<<<<<<<In-Person totals													