

Adopt-A-Road Cleanup Report

Date of Cleanup: _____

Cleanup Time/Length: _____

Adopt-A-Road Location: _____

Primary Contact: (name, phone, email)_____

Organization: _____

of Participants: _____

1. Number of trash bags and/or Estimated total pounds of trash: _____

2. What percentage of these types of trash did you see at your Adopt-A-Road location
(Please make it add up to 100%):

a. Plastic (bottles, bags, caps, containers): _____

b. Styrofoam (containers, pieces, cups): _____

c. Cigarette butts: _____

d. Appliances: _____

e. Scrap Metal: _____

f. Car Parts: _____

g. Tires: _____

h. Other: _____

3. Number of tires: _____

4. What percentage of your trash was made up of recyclable items? _____

5. Most common item(s) removed: _____

6. Most unusual item(s) removed: _____

7. Toxic materials removed and manner in which disposed: _____

8. Any other pertinent information: _____

Once you have thoroughly completed this form, please sign below:

PRIMARY CONTACT

DATE

Thank you for providing a detailed account of your clean-up activity.
Your comments will help to improve the effectiveness of the Adopt-A-Road Program.