

**City of Goodlettsville Adopt-A-Street Program
CLEAN-UP REPORT**

Name of Group: _____

Street(s) Adopted: _____

Date of Litter Pick-Up Event: _____

Coordinator's Name: _____

Coordinator's Email: _____

Total number of volunteers participating in clean-up: _____

Total number of hours group spent on this project (e.g., 9:00 a.m. – noon = 3 hours): _____

Number of bags filled: _____

Types of items found: _____

List location of bags that the City needs to pick-up: _____

Return completed form and unused materials within three business days of the pick-up event to:

City of Goodlettsville's Adopt-A-Street Program
215 Cartwright St.
Goodlettsville, TN 37072
(615) 859-2740 phone
(615) 851-4052 fax