City of Beloit
Public Works

ADOPT-A-ROAD PARTICIPANT ROSTER

NAME OF ORGANIZATION_____

GROUP LEADER_____

DATE	PARTICIPANT NAME (Please Print)	*HOURS WORKED*		
		FROM	TO	*TOTAL*

TOTAL BAGS COLLECTED: _____ **TOTAL HOURS WORKED:** _____

AMOUNTS RECYCLED (POUNDS) _____ **NUMBER OF MARKED ITEMS:**_____

DESCRIPTION OF MARKED ITEMS: _____

_____

LIST ANY ACTIVITIES OTHER THAN LITTER CONTROL:_____

RETURN COMPLETED LIST WITHIN 7 CALENDAR DAYS AFTER EACH LITTER CLEAN-UP TO ADOPT-A-ROAD COORDINATOR
QUESTIONS? CALL 608-364-2929