



ADOPT-A-STREET

CITY OF BELTON
 520 Main Street
 Belton, MO 64012
 816-331-4331
Fax: 816-322-4620
www.belton.org

Completion Form

Group Name: _____

Adopt-a-Street Location: _____

Date of Clean-Up Event: _____

This form is used by the Public Works Department to keep track of Adopt-A-Street program participants and the frequency of projects they are involved in. Please remember to always report information on this form after each cleanup. Submit completed form to City of Belton Public Works Department when the Safety Kits are returned.

Clean-Up Event Completion Date:	
Volunteer Group Name:	
Number of miles adopted:	
Number of volunteers that participated:	
Number of hours the clean-up event lasted:	
Approximately how many bags of trash:	
We anticipate our next cleanup will be on (date):	
We participated in the recycling program:	YES / NO (circle one)
We turned in _____ lbs. of recycling to _____ transfer station	
Were there any unusual incidents or injuries during the cleanup:	YES / NO (circle one)
If so, please describe:	