

ADOPT-A-STREAM PROGRAM

CITY OF BELTON

520 Main Street Belton, MO 64012 816-331-4331 www.belton.org

Form 6: Clean-Up Completion

Volunteer Group Name:	
Leader Name	
Leader Phone	
Number of Volunteers That Participated	Adults: Children:
Number of Hours the Clean-Up Event Lasted	
Approximately How Many Bags of Trash	
Most Unusual Item(s) Found	
Next Anticipated Clean-Up Event (date)	
Participated in the Recycling Program	YES / NO (circle one)
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:	