



CITY OF OAKLAND PARK  
**ADOPT-A-STREET**  
LITTER REMOVAL REPORT FORM

Name of Group \_\_\_\_\_

Name of Group Coordinator \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Clean-up \_\_\_\_\_

Name of Roadway \_\_\_\_\_

Number of Miles Adopted (or fraction thereof) \_\_\_\_\_

Number of Volunteers \_\_\_\_\_

Number of Volunteer Hours \_\_\_\_\_  
(Number of volunteers x hours at site)

Amount of Litter Collected:                      Trash                      Recyclables

1. Number of bags                                      \_\_\_\_\_

2. Weight of bags\*                                    \_\_\_\_\_

Check One:        \_\_\_\_\_ Actual Wt.        \_\_\_\_\_ Estimated Wt.

\*If scales are not available, please estimate weight.

PLEASE RETURN THIS FORM TO:

RAMONA EDWARDS, ADOPT-A-STREET COORDINATOR  
OAKLAND PARK PUBLIC WORKS DEPT  
3801 NE 5 AVENUE                                      OR    FAX (954) 630-4404  
OAKLAND PARK FL 33334  
(954) 630-4418