

TRASH COLLECTION SUMMARY

General Information

Date of Collection _____ Group Contact _____ Group _____
 Address of Group _____ Contact Phone _____
 Contact email _____ Location of Cleanup _____
 Date Paid _____ Amount Paid _____ Check # _____

Number of Trash Bags Filled/Used		Weight of Trash Collected	
Distance Cleaned in Miles		Distance Cleaned in Acres	
Date Site Was Previously Cleaned		Total Pounds Recycled	
Number of Adult Volunteers		Number of Youth Volunteers	
Number of Hours Worked			

Type and Quantity of Materials Picked Up (To be filled out by the volunteers)

Food boxes, wrappers, sacks	
Appliances	
Construction Material	
Glass Beverage Bottles/Containers	
Plastic Beverage Bottles/Containers	
All Other Glass	
All Other Plastic	
Tires	
Aluminum Cans	
Misc.	

Most Unusual Item(s) Collected: _____

Supplies Used _____

Comments
