



City of Oakland Park Litter Removal 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 Volunteer Hours _____ (Number of volunteers below x hrs @ site)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

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:

EMAIL: BRUCEG@OAKLANDPARKFL.GOV OR FAX TO: (954) 630-4352

BRUCE GARRISON, ADOPT A STREET COORDINATOR

PARKS AND LEISURE SERVICES DEPARTMENT

3650 NE 12TH AVENUE, OAKLAND PARK, FL 33334

(954) 630-4502