

ADOPT-A-SPOT PROJECT

Completion Form

COMPLETE & RETURN FORM WITHIN 2-WORKING DAYS OF PROJECT COMPLETION

Today's Date: _____ **Project Completion Date:** _____

Name of group/volunteer(s): _____

Contact name: _____ **Title:** _____

of hours on project: _____ **# of volunteers:** _____ (# of: adults _____ youth _____)

Project location (examples: 1st to 6th/Street SW; Maple Island Park;) _____

Project type(s) - check all that apply: Alley cleanup ___ Street cleanup ___ Graffiti removal ___

Illegal sign removal ___ Other (describe) _____

If graffiti removal, indicate items cleaned (e.g. dumpsters, poles) _____

Project size - area covered - check all that apply: # of Alleys _____ # of Streets _____ # of Blocks _____
of Miles _____ # of bags filled _____ approximate # of graffiti sites cleaned _____

Location of trash and large items to be picked up by City crews (intersections, alleys, etc.): _____

Strangest item(s) found during cleanup: _____

Keep Little Falls Beautiful: P.O. Box 244, 100 NE 7th Street, Little Falls, MN 56345 Fax: (320) 616-5505, Phone: (320)616-5500 www.cityoflittlefalls.com