



**Springfield Adopt-a-Street Program  
CLEAN-UP REPORT**

**Name of Group:** \_\_\_\_\_

**Street(s) Adopted:** \_\_\_\_\_

**Date of Litter Pick-Up Event:** \_\_\_\_\_

**Coordinator's Name:** \_\_\_\_\_

**Coordinator's Email:** \_\_\_\_\_

**Total number of volunteers participating in clean-up:** \_\_\_\_\_

**Total number of hours group spent on this project (e.g., 9:00 a.m. – noon = 3hours):** \_\_\_\_\_

**Number of bags filled:** \_\_\_\_\_

**Types of items found:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List location of bags that the City needs to pick-up:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return completed form and unused materials within three business days of the pick-up event to:**

Springfield Public Works Department  
2809 Clinard Drive, Springfield, TN  
37172  
(615) 384-2746 phone  
(615) 382-2205 fax