

ADOPT-A-ROAD PROGRAM
SUMMARY SHEET

Group Name: _____

Email Address: _____

Location: _____

Date(s) of clean-up: _____

Please ESTIMATE to the best of your ability:

Total Hours: _____ **Total # of volunteers:** _____

Non-Recyclables (trash) collected:

OF BAGS _____ X LBS/Per BAG _____ = TOTAL LBS COLLECTED _____

Recyclables:

Bottle-grade plastic labeled #1 or #2 in the recycling symbol ONLY (located on bottom)/glass (no broken glass)/metal (Aluminum, Steel, and tin cans ONLY)
NO PLASTIC BAGS in recyclable– Place plastic bags in trash:

OF BAGS _____ X LBS/Per BAG _____ = TOTAL LBS COLLECTED _____

Tires- # _____

Other (please specify)

Return to: email cleancommunities@allowaytownship.com or mail Alloway Twp Municipal Bldg, Attn: Clean Communities, PO Box 425, Alloway, NJ 08001