



KEEP TRUCKEE MEADOWS BEAUTIFUL

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Adopt-A-Spot: Post-Cleanup Report

Please complete and return to Keep Truckee Meadows Beautiful with vests and any remaining supplies.

Group Name: _____

Your Name: _____

Cleanup Date: _____

Safety Meeting Held: yes no (circle one)

Safety Waiver Signed by all Participants: yes no (circle one)

Number of Participants in this Cleanup: _____

Cleanup Start Time: _____ End Time: _____ Total Hours: _____

Total Person Hours: _____ (multiply cleanup hours by number of people)

Number of Trash Bags Filled: _____

Any Large or Unusual Items: _____

Date for Next Cleanup (if known): _____

Comments and Suggestions: _____
