



OUTDOOR ADOPTION PROGRAM
Adopt-A-Street / Adopt-A-Park Facility / Adopt-An-Area
Progress Report

1 of 6

Site: _____

Street: _____

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Adopted Area: _____ Clean up Date: ____/____/____

Number of:

Persons attending: _____ Clean up hours performed: _____

Bags w/mixed trash: _____ Bags w/aluminum: _____

Bags w/glass: _____ Bags w/organic (leaves, grass, twigs, etc.): _____

Comments: _____

Remember, any recyclable materials can be used to benefit your organization. Please fax, mail or e-mail your reports the next business day so crews can pick up the litter you have collected.

ParksRecInfor@ci.fay.nc.us

280 Lamon Street

Fayetteville, NC 28301

Fax (910) 433-1102 Phone (910) 433-1587



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2 of 6

Site: _____

Street: _____

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Adopted Area: _____ Clean up Date: ____/____/____

Number of:

Persons attending: _____ Clean up hours performed: _____

Bags w/mixed trash: _____ Bags w/aluminum: _____

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3 of 6

Site: _____

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Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Adopted Area: _____ Clean up Date: ____/____/____

Number of:

Persons attending: _____ Clean up hours performed: _____

Bags w/mixed trash: _____ Bags w/aluminum: _____

Bags w/glass: _____ Bags w/organic (leaves, grass, twigs, etc.): _____

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4 of 6

Site: _____

Street: _____

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Adopted Area: _____ Clean up Date: ____/____/____

Number of:

Persons attending: _____ Clean up hours performed: _____

Bags w/mixed trash: _____ Bags w/aluminum: _____

Bags w/glass: _____ Bags w/organic (leaves, grass, twigs, etc.): _____

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5 of 6

Site: _____

Street: _____

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Adopted Area: _____ Clean up Date: ____/____/____

Number of:

Persons attending: _____ Clean up hours performed: _____

Bags w/mixed trash: _____ Bags w/aluminum: _____

Bags w/glass: _____ Bags w/organic (leaves, grass, twigs, etc.): _____

Comments: _____

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6 of 6

Site: _____

Street: _____

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Adopted Area: _____ Clean up Date: ____/____/____

Number of:

Persons attending: _____ Clean up hours performed: _____

Bags w/mixed trash: _____ Bags w/aluminum: _____

Bags w/glass: _____ Bags w/organic (leaves, grass, twigs, etc.): _____

Comments: _____

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