



## Embrace-A-Place Cleanup Report Form

The Town of Mead thanks you for your participation in the Embrace-A-Place Program. Please complete this form and turn in within two (2) business days after your cleanup.

Individual/Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_

Location of Cleanup \_\_\_\_\_

Date of Cleanup \_\_\_\_\_

Total number of Volunteers \_\_\_\_\_

Number of cleanup hours per person \_\_\_\_\_

Number of bags filled \_\_\_\_\_

Location where bags were left \_\_\_\_\_