



Cleanup Report Form

Contact Information

Name: _____

Organization: _____

Address: _____ City/State/Zip _____

Phone Number: _____ E-Mail: _____

Cleanup Report:

Date/Time of Event: _____

Name/Location of Area Cleaned: _____

Total Number of Volunteers: _____ Total Number of Volunteers under 18: _____

Total Number of Cleanup Hours: _____ Number of Recycling Bags Collected: _____

Number of Bags Collected: _____ Route # Cleaned: _____

Comments (please include other items collected): _____

After your event please return this report to the Rochelle Street Department.
251 E. 1st Avenue Rochelle, IL 61068
(815) 562 2494 or email to:
tisley@rochelleil.us

Date Received _____