



City of Wichita Falls Adopt-A-Trail Litter Cleanup Program Cleanup Report Form

***To be completed and returned to the City within 5 days after each Cleanup.**

Organization Name _____

Name of Person Completing Form _____

Phone Number _____ E-mail _____

Location of Cleanup _____

Date of Cleanup ____/____/____ Number of Volunteers _____

1) Work hours per person? _____

2) Approximate number of bags filled _____

3) Location where bags were left? _____

4) Does Solid Waste Services need to be called for trash bag pick-up? ____Yes ____No

Comments: _____

Please complete and return this form to:

Drew Begley

Environmental Coordinator

E-mail: drew.begley@wichitafallstx.gov