



Group Name: _____

Name: _____

Address: _____

Phone: _____

Volunteers _____

Pick up date/time of supplies _____

Cleanup date & location: _____

Rain Date? _____

_____ Latex Gloves _____ Small _____ Med _____ Large

Clear Streams Trash _____ Recycling _____

_____ Brooms

Garbage bags _____

_____ Litter dust pans (on poll)

Other: _____

_____ Small dust pan

_____ Litter tongs

_____ Safety Vests

Location of placed trash / recyclables: _____

Comments: _____

*I understand I am liable and responsible for the supplies being borrowed. All supplies must be returned.

*I understand there is a replacement cost for each Clear Stream receptacle damaged or lost equal to the amount of the unit.

Received by: _____

Date: _____

Initials: _____

Returned by: _____

Date: _____

Initials: _____