



**City of Stanwood
 Adopt-A Street Litter Control Program
 Participant Roster**

Group Name: _____
Please use the name posted on sign

Name of Group Leader: _____

Phone # of Group Leader: _____

Waiver Signed	Date	Participant Name	Phone #	Hours Worked		Total Hours
				From	To	

Number of Bags Collected _____

Other items _____
tires, appliances, etc.

Did you see hazardous materials or syringes? Do not pick up, note location and item and PW will pick up.

Please return completed list within seven (7) calendar days after each litter pickup to:

City of Stanwood
 Public Works Department
 10220 270th Street NW
 Stanwood, WA 98292