

Adopted Trap (City, Location) _____

Group Leader/Contact _____

Phone _____

Cleanout Information

Date _____ Start _____ a.m. p.m. Finish _____ a.m. p.m.

Pounds of Trash _____ Number of Volunteers _____

Number of Photos emailed to info@soundrivers.org _____ (up to 10)

Please describe any pollution concerns in as much detail as possible (try to include the specific location, odd smells, discoloration, the weather, etc.)

Please describe any interesting finds or incidents.