

**Town Of Ledyard
Office of the Mayor
Adopt-A-Road Clean-Up Information Sheet**

Name: _____

Telephone Number (Home): _____ Cell: _____

Organization: _____

Area To Be Cleaned: _____

Date Supplies Were Picked Up: _____

Scheduled Date of Clean Up _____

Person Receiving Supplies: _____

Date Supplies Returned: _____

Returned By: _____

Supplies Provided For Clean-Up:

4 _____ Road safety cones

12 _____ Vests

12 _____ Pairs of gloves

12 _____ Pickers

1 _____ Roll black bags

1 _____ Roll clear bags

12 _____ Garbo Grabber hoops

1 _____ First aid kit

Notes:

Please note: supplies used for clean-up must be returned the following Monday.