



## AAM LITTER REMOVAL DATA FORM

AAM Control No. \_\_\_\_\_ Date of Cleanup: \_\_\_\_\_

Volunteers: Number \_\_\_\_\_ Hrs Per Vol. \_\_\_\_\_ Total Vol. Hours \_\_\_\_\_

Trash Collected: No of Bags \_\_\_\_\_ Est. Pieces. \_\_\_\_\_ Est. Lbs \_\_\_\_\_

Adoptee Group \_\_\_\_\_

Roadway Adopted: \_\_\_\_\_ Mile(s) \_\_\_\_\_

Group Leader \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E mail Address \_\_\_\_\_

Thank You for completing this data form

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## SEMI ANNUAL CERTIFICATION

(Complete every other cleanup)

I, \_\_\_\_\_, Group Representative for \_\_\_\_\_  
(Print name) (Group)

do hereby certify that in accordance with our Adopt-A-Mile agreement, Keep Pinellas Beautiful safety instructions have been read to all volunteers participating in the Adopt-A-Mile Litter Removal Program on \_\_\_\_\_.  
(Date)

I further certify that the safety instructions will be reviewed and followed during all future Adopt-A-Mile litter removal activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_