



Volunteer Group Name and Number	Adopted Highway	Starting Milepost	Ending Milepost
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Equipment Check Out Date _____		Scheduled Litter Pickup Date _____	
Number of Items Needed	Traffic Control Signs _____	Roll Up Signs _____	Safety Vests _____ Litter Bags _____
Name (Printed)		Telephone Number	
E-Mail Address		Cell Phone Number	
Mailing Address	City	State	Zip Code

I agree to return all items issued within 2 ITD working days, unless otherwise approved by ITD.

Signature	Date
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Equipment Return

Litter Pickup Date	Number of Participants	Total Hours Spent on Pickup	Number of Litter Bags Filled
Comments (Suggestions, Problems, Assistance Needed, etc.)			

ITD Use Only

District	Equipment Return Date	Forman Area Number	Litter Bag Pickup Date
Remarks			
ITD Signature	Title	Date	