



LITTER SWEEP REPORT FORM

Name of Group or Individual: _____

Email: _____

Litter Sweep Location: _____

Contact Person: _____

Phone Number: _____

Mailing Address: _____

Number of Volunteers: _____ *Number of Bags Filled:* _____ *Number of Hours Worked:* _____

**PLEASE PROVIDE PHOTOS OF BEFORE & AFTER THE LITTER SWEEP*

Is the City of Shelby allowed to use your photos for its website or social media?

YES NO

If you have any questions or concerns, please call: 704-484-6829