



Indian River Lagoon Aquatic Preserves

Please fill in the information below and mail or fax it to the Southeast Aquatic Preserves Field Office after each cleanup your group has completed. **Please make additional copies for your future use.** It is important that you report after each clean-up as we keep a detailed database recording the information you supply us.

Date of Clean-Up: _____

Group Name: _____

Contact Person: _____

Phone Number: _____

Location of Clean-Up: _____

Number of Volunteers: _____ **Length of Event (hours):** _____

What did you collect?

Number of Bags: _____ or Total Weight (lbs): _____

Type of Material (s):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Glass | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Metal/Aluminum | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Wood | |

Comments: _____

Please mail or fax a copy of this report to:

Indian River Lagoon Aquatic Preserves
3300 Lewis Street
Fort Pierce, FL 34981
Office: (772) 429-2995
Fax: (772) 429-2999