

Borough of Medford Lakes
Clean Communities Program
Report of Clean-up Day Activities

Group Name: _____

Contact Person: _____

Mailing Address: _____

Medford Lakes, New Jersey 08055

Telephone No.: _____

LIST BELOW THE NAME, LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER AND THE NUMBER OF HOURS WORKED BY EACH INDIVIDUAL FROM YOUR GROUP.

	NAME	SSN	# HOURS
1.	_____	___ - ___ - ____	_____
2.	_____	___ - ___ - ____	_____
3.	_____	___ - ___ - ____	_____
4.	_____	___ - ___ - ____	_____
5.	_____	___ - ___ - ____	_____
6.	_____	___ - ___ - ____	_____
7.	_____	___ - ___ - ____	_____
8.	_____	___ - ___ - ____	_____
9.	_____	___ - ___ - ____	_____
10.	_____	___ - ___ - ____	_____

ESTIMATED AMOUNT OF MATERIAL COLLECTED FOR EACH CATEGORY:

_____ lbs. _____ lbs. _____ lbs. _____ lbs.
 Aluminum Plastic Glass Trash

Location/ Date of Collection: _____

I hereby swear that the information above is true and to the best of my knowledge: _____ Dated _____