

Storm Drain Tracking Form

Organizer's Name: _____

Address: _____

E-mail: _____

Name of Group: _____

Number of Participants: _____ Date of Event: _____

What motivated you to organize a storm drain marking activity? _____

Streets where markers were applied: *(continue on back if more space is needed)*

Number of storm drain markers applied: _____ Hours Worked: _____

What ages were your participants?

adults only adults with children or teenagers

Was the equipment easy to use? yes no

Would you recommend storm drain marking to others? yes no

Additional comments or suggestions: _____

Please send to: Adopt-A-Pond Program
Specialized Services
2420 N Falkenburg Rd.
Tampa, FL 33619
Fax (813) 744-5674