



Adopt-a-Highway Activity Report

SUBMIT VIA MAIL: AAH Program Coordinator, DelDOT, P.O. Box 778, Dover, DE 19903-0778
WEB: www.deldot.gov, click on Community Programs and Services
FAX: 302-739-2092

Today's Date: _____

Date of Clean Up: _____

AAH Group Name: _____

(Name on Sign)

Name Of Adopted Road: _____ County of Clean Up: _____

Contact Person: _____ Phone Number: _____

(Please note any address/contact person changes on back of form.)

Contact Person's Email Address: _____

Did you clean the entire length of your roadway? Yes _____ No _____

How many people participated in the clean up? _____

How many hours did the clean up last? _____

Number of Bags Collected: Cans _____ Bottles _____ Other _____

How did you dispose of AAH trash? _____ With personal trash _____ Need DelDOT to pick up _____

Where was the trash left? _____

(end of road or intersection)

What was the general condition of the right-of-way before the clean up?

Excellent Good Fair Poor Other _____

Please report any hazardous materials, large items or dead animals for DelDOT to retrieve.

Please report any items on bridges, riprap, or on the roadway for DelDOT to retrieve.

For Office Use Only

Maintenance Area: _____ Sponsor # _____ Road # _____ Clean Up # _____

Date Report Received/Entered: _____ Date Trash Picked Up: _____

Comments: _____