

Adopt-a-Spot



Taking time to keep Lewisville Beautiful

Organization:			
Location:			
Date of Activity:			
Number of Participants:	1	Hours each:	1
Number of Trash Bags Collected:			
Contact Person:			
Name:			
Phone:			
Email:			
Spot I/We Wish to Adopt:			
Name on Sign Should Read:			

Plan to Care for Your Adopted Spot

Circle Frequency

Pick Up Trash	Yes	No	Monthly
Weed	Yes	No	Weekly
Plant	Yes	No	As Needed
If yes, what will be planted?			

Comments or other plans: