



CITY OF SANTA CLARA – PUBLIC WORKS DEPARTMENT

VOLUNTEER TOOL REQUEST FORM

Name of Individual/Group: _____

Primary Contact: _____

Address: _____

Phone Number: _____ Email: _____

Adopted Spot: _____ Number of Volunteers: _____

Type of activity: _____ Project scheduled time: _____

Tool Pick up appointment: _____ Tool Return Appointment: _____

All tools are to be picked up and returned at the City’s Corporation Yard located at 1700 Walsh Ave, Santa Clara, CA 95050 between 8am and 4pm.

Please tools needed:

- Trash bags _____
- Broom _____
- Dust pan _____
- Cones _____

- Gloves _____
- Rake _____
- Shovel _____
- Vests _____

CLEAN-UP REPORT FORM

Cleanup #: _____

Name of Individual/ Group: _____

Adopted Spot: _____

Date of Clean-up: _____ Number of Volunteers: _____

Number of hours: _____ Number of Bags of Litter Collected: _____

Three most prevalent items: _____

Comments: _____

Please return completed form with borrowed tools the day of your return appointment