

Community Safety Committee



Working together for a Safe Community

Adopt-A-Spot Expression of Interest Form

- I want to do a one-off clean up
- I want to adopt a spot to keep litter-free

Proposed date of initial clean up: _____

Does your group require insurance: _____

Number of people in your group (Please approximate if you are unsure): _____

Type of organisation: _____

Group or organisation name: _____

Group Coordinator Title: _____

Group Coordinator First Name: _____

Group Coordinator Surname: _____

Street Address: _____

Suburb: _____

State: _____ Postcode: _____

Phone number: _____

Email address: _____

Name of preferred clean up site: _____

Address of preferred clean up site: _____

Approximate size of clean up site: _____

How did you hear about the Adopt A Spot Program: _____
