

# Adopt-a-Bike Path Program - Activity Report



**Please return to: AABP Program**

**Coordinator, DelDOT, P.O. Box 778, Dover,**

**DE 19903-0778**

(Please Print)

Today's Date: \_\_\_\_\_ Date of Clean-up: \_\_\_\_\_

AABP Group Name: \_\_\_\_\_  
(Name on Sign)

Location of Bike Path: \_\_\_\_\_ County of Clean Up: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please note any address/contact person changes on back of form.)

How many people participated in the clean-up? \_\_\_\_\_

How many hours did the clean-up last? \_\_\_\_\_

How many bags of trash were collected? \_\_\_\_\_

How did you dispose of the trash/debris?  
DelDOT an pick up from AABP sign at \_\_\_\_\_  
(location of bike path)

Took to DelDOT Area Yard. \_\_\_\_\_ With personal/business trash. \_\_\_\_\_

What was the general condition of the bike path 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 # \_\_\_\_\_ Bike Path # \_\_\_\_\_ Clean-up # \_\_\_\_\_

Date Report Received: \_\_\_\_\_ Date Trash Picked Up: \_\_\_\_\_

Comments: \_\_\_\_\_