

Were any members of your organization injured during the clean-up?

Yes

No

If yes, who and how was the situation handled?

Was trash properly disposed?

Yes

No

If not, why?

**Was there any property damage to your area or items you were unable to clean?
(i.e. graffiti, dead animals, broken glass or windows)**

Yes

No

If yes, please describe the items or damaged areas, including location.

Additional Comments:

Organization Representative

Signature