ADOPT-A-SHORELINE LAKE WAUSAU PROJECT CLEAN-UP REPORT



Name of Individual or Group:	
Date of Work Day:	
Number of Participants: T	otal Hours Worked:
Number of trash bags collected:	Number of recycling bags collected
Please describe any work you feel the mu	nicipalities need to be aware of such as large debris,
hazardous objects, or other observations or concerns you have from your clean up:	

Please email or mail forms to the Lake Wausau Association. We would appreciate your including pictures of your efforts for inclusion in newsletters or other program materials.

Lake Wausau Association P.O. Box 1951 Wausau, WI 54402

Email: LakeWausau@gmail.com