

LITTER INDEX SHEET

(Please make small "tally marks" for each littered item found)

DATE OF CLEANUP: _____

Name of Group

Location

Littered Item Picked Up	Number	Total
Aluminum cans		
Balloons		
Batteries		
Bikes/bike parts		
Bottle caps/lids		
Candy wrappers		
Car oil/lube containers		
Car parts		
Cigarettes/butts		
Cigarette packages/matches		
Clothing and shoes		
Diapers		
Discarded food		
Drug paraphernalia		
Glass bottles		
Gum wrapper		
Household cleaning containers		
Junk mail/envelopes		
Light bulbs		
Magazines		
Newspapers		
Paper bags		
Paper plates		
Personal hygiene products		
Plastic bag		
Plastic cutlery (forks, knives, spoons)		
Plastic 6-pack holders		
Plastic water bottle		
Plastic bottle, other		
Prescriptions/bottles		
Pull tabs		
Snack bag (potato chips/pretzels, nuts)		
Straws/stirrers		
Styrofoam cups/pieces		
Tires		
Toys		
Other?		
Other?		
Other?		
Other?		
Other?		

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