



IDAHO ADOPT-A-HIGHWAY EQUIPMENT REQUEST



Volunteer Group Name: _____

Adopted Site: _____ Milepost _____ to Milepost _____

Scheduled Litter Pickup Date: _____

Number Needed: Traffic Control Signs _____ Roll Up Signs _____

Safety Vests _____ Litter Bags _____

I agree to return all items issued within 10 days, unless otherwise approved by ITD.

Date Signature Telephone Number

ITD Signature: _____ Title _____

IDAHO ADOPT-A-HIGHWAY EQUIPMENT RETURN

Date of Litter Pickup: _____ Number of Participants: _____

Number of Litter Bags Filled: _____ Total Hours Spent on Pickup: _____

COMMENTS (suggestions, problems, assistance needed, etc.):

ITD USE ONLY

District: _____ Equipment Return Date: _____ Foreman #: _____

Litter Bag Pickup Date: _____

Remarks: _____

ITD Signature: _____ Title _____