Storm Drain Marking Field Data Sheet

Please fill in the following summary information and submit to the Town when you return your storm drain marking kit and supplies.

Name(s): ________________________________

Date of activity: ________________________

Phone number: _________________________

E-mail address: __________________________

Subdivision(s) marked: ____________________

Total number of drains marked: __________

Time spent marking drains (hours): __________

Number of participants: __________

   Adults

   Kids (under 18)

☐ A map indicating drains marked for the subdivision is included with this sheet.

☐ Please submit any electronic photos you are willing to share with the Town.

☐ Return the storm drain marking kit as soon as possible after your event.