

**KEEP COLLEYVILLE BEAUTIFUL
MODEL NEIGHBORHOOD
Audit Form 'C'**

Name of Neighborhood _____

Person(s) responsible for litter removal from all public streets and areas each month:

Main Contact: _____

Address: _____

Telephone: _____

Date litter was removed from all public streets and areas each month:

J	F	M	A	M	J	J	A	S	O	N	D

Attest: _____

Date: _____