

## ADOPT A HIGHWAY VESTS CHECK OUT SHEET

Organization Name:		
	Bags Issued:	
Highway Route No.:	Milepost	
Print Name:		_
Signature:		_
Please return all vest's to the Designat	ted Office	after each Adopt-a-Highway pick up.
Date Returned:	Number of Vest's returned:	
Signature:		
Olynature.		_