



Reporting Year: _____

Check box: Jan, Feb, Mar Apr, May, June July, Aug, Sept. Oct, Nov, Dec.

Agency: _____

Completed by: _____ Date form was completed: _____

Document any changes to your Street Sweeping Program. Answer questions 1-5 for current three month time period compared to your previous three month time period. Explain changes, i.e. will changes be temporary (how long) or permanent?

	YES	NO	If YES, EXPLAIN
1. Street Sweeping frequency?	_____	_____	_____
2. New area/curb miles* ?	_____	_____	_____
3. New Equipment?	_____	_____	_____
4. Significant down time?	_____	_____	_____
5. Restricted Parking signs*?	_____	_____	_____

* Include map or description of geographic area(s)

STREET SWEEPING	Equipment (check box)	Frequency	Volume of material collected (cubic yards)	Miles swept* (curb miles)
Residential Areas:				
	<input type="checkbox"/> Broom	_____	_____	_____
	<input type="checkbox"/> Regenerative Air			
	<input type="checkbox"/> Vacuum			
Downtown Areas:				
	<input type="checkbox"/> Broom	_____	_____	_____
	<input type="checkbox"/> Regenerative Air			
	<input type="checkbox"/> Vacuum			
Other Commercial Areas: (not Downtown)				
	<input type="checkbox"/> Broom	_____	_____	_____
	<input type="checkbox"/> Regenerative Air			
	<input type="checkbox"/> Vacuum			
Industrial Areas:				
	<input type="checkbox"/> Broom	_____	_____	_____
	<input type="checkbox"/> Regenerative Air			
	<input type="checkbox"/> Vacuum			
Other Areas Swept: (e.g., parking lots, major arterials)				
	<input type="checkbox"/> Broom	_____	_____	_____
	<input type="checkbox"/> Regenerative Air			
	<input type="checkbox"/> Vacuum			
	TOTAL		_____	_____

*** Report total miles covered by sweepers including areas operated in tandem or repeated.**