



City Of Raleigh
North Carolina

STORM DRAIN MARKING FIELD DATA SHEET

Name of Volunteer Group: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Number of Marking Kits Checked Out: _____ Date: _____

Date of Activity: _____ Numbers of Inlets Marked: _____

Number of Participants: Adult(s) _____ Children _____

Names of Streets Marked (block number to block number for streets partially marked):

Number of Hours Spent Marking Storm Drains: _____

Date Kits Returned to City: _____

Please return this Field Data Sheet with your Storm Drain Marking Kit to the City of Raleigh's Stormwater Management Division within 10 days of completing your Drain Marking Activity.

Email: StormwaterVolunteers@RaleighNC.gov

City of Raleigh
Stormwater Management Division
127 West Hargett Street, Suite 800
PO Box 590
Raleigh, NC 27602-0590