



VIRGINIA STORM DRAIN STENCILING PROGRAM DATA FORM

Organization Name: _____

Contact Person: _____

Address: _____

Phone: (____) _____ Email: _____

Our storm drains flow to: _____
(name of stream, river, lake, or bay)

The following is a summary of our storm drain stenciling project:

Number of drains stencilled _____ Date completed _____

Provide a list of all storm drains stencilled and the location of each:

Location (street address)	County/city/town
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Please return to:
Virginia Department of Conservation and Recreation
Adopt-A-Stream Program
203 Governor Street, Suite 406
Richmond, Virginia 23219