

State of Hawaii Department of Transportation Highways Division, Oahu District SUPPLY REQUEST FORM

Complete this form online at <u>forms.gle/mnFmsNKanja8rrmQ8</u> **OR** email to <u>adopt-a-highway@stormwaterhawaii.com</u>

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Date:	
Adopt-A-Highway Group No.:	
Adopt-A-Highway Group Name:	
Date of Next Cleanup:	Number of Volunteers:
Requested Date for Pickup*:	Requested Time for Pickup*:
Number of Trash Bags Needed:	
Number of Pairs of Gloves Needed:	
Number of Safety Vests Needed:	(one size fits all)
- Anow one (1) week for supply Reques	cts to be processed prior to picking them up Cell Phone Number:
Adopt-A-Highway Chairperson Sig	
Tuesday to Fridays between	k up has moved to the Oahu District Office 7:30 am – 3:30 pm (except for State Holidays) APPOINTMENT ONLY
Directions and further instruct	tions will be provided after the appointment is confirmed
Supplies received by:	Supplies picked up:
Print	t Name Date/Time

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