

**Adopt-a-Park
Monthly Walkthrough Report**

Date: _____

Park Name: _____

Group/Individual Name:

Inspected By: _____ Phone: _____

Describe any damage, vandalism, or repairs needed to the following areas, or whichever areas apply to the park your group has adopted.

Buildings: _____

Playgrounds: _____

Picnic Areas: _____

Trees, Shrubs, Landscaping: _____

Turf: _____

Other Areas: _____

Describe any other issues you observed at your adopted park: _____

**Please drop off, email, or mail this walkthrough report to:
City of Sturgeon Bay's Municipal Services Department
(Attn.: Mike Barker) 835 N. 14th Ave, Sturgeon Bay, WI 54235; or
Email: mbarker@sturgeonbaywi.org**