



Cigarette Litter Prevention Program

Cigarette Litter Count

Adoption Group Name: _____
 Primary Adoption Group Contact Name: _____
 Phone Number: _____ Email Address: _____

Fill in the information below to track the number of cigarette butts littered where each bin is to be installed. Please initial next to each statement below to ensure understanding of the program. Please submit completed form to Keep South Carolina Beautiful (KSCB) at jberry@palmettopride.org.

_____ A cigarette litter count must be completed and submitted to KSCB before bin(s) are installed. A count must also be done every 6 months over the span of 1 year.

Date of Install / Re-Count Date	Location Description	Latitude	Longitude	Number of Cigarette Butts Littered
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				