



Central Oswego County Riders, Inc.

Trail Maintenance Report

Trail Name/Section: _____

Is this a snowmobile trail? Trail ID _____ Club Name _____

Volunteers: _____

Volunteers: _____

Date of Inspection/Maintenance: _____

Start Time: _____

Finish Time: _____

Observations:

Drainage OK Brushing Needed Trees Down Erosion/Ruts

Signage Missing/Damaged Trail Obstruction

Other: _____

Actions Taken:

Additional Notes / Recommendations:

Photos Attached? Yes No

Submit completed forms to: [Club Trail Coordinator Email]