

ADOPT-A-ROAD GROUP APPLICATION

Date of Application: _____

Applicant/Primary Group Coordinator: _____

Name of Organization: _____

Daytime phone: _____ Evening phone: _____

Mailing address: _____

Email address: _____

Approximate number of people anticipated to participate in litter cleanup events: _____

Route number of existing route interested in adopting: _____ **OR**

Extents of new route group is interested in adopting: _____

Traffic safety review (*internal use only*):

