



Adopt-A-Roadway Application



Name of Organization: _____

Contact Person: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Describe the area you are interested in adopting. Give three (3) choices and please be very specific:

1. _____
2. _____
3. _____

If approved for this program, I am aware of our responsibility to the participants, the need to carry liability insurance, and the requirement to sign a liability release for each participant.

Print Name: _____ Signature: _____

Title: _____ Date: _____



Please return form to:
Keep Delaware County Beautiful
Delaware General Health District
P.O. Box 570, 1 West Winter St.
Delaware, OH 43015

For questions please contact us at:
740-368-1700 or e-mail us at litter@rrohio.com

Office use only

Application Approval Date: _____ Approval Confirmed By: _____

Name of Organization: _____

Area Adopted: _____

Adoption Commencement Date: _____ Termination Date: _____