

Timnath Adopt a Street/Trail Application

Group Information	
Name of Adopting Group:	
Group Leader Name:	Approximate Number of Participants:
Address:	
Email:	Phone:
Requested Street or Trail to Adopt (Please contact Public Works or his or her designee beforehand):	
First Choice - Sign Display Name:	Second Choice - Sign Display Name:

I, _____, am authorized to represent the adopting group listed on this form, as the group leader, for the purpose of applying for the participation in the Town of Timnath Adopt a Street/Trail program. I have read the Adopt a Street/Trail information sheet, program rules, information and safety tips, application, and Release of Liability documents, and I and the adopting group agree to abide by all terms and conditions.

Signature: _____ Date: _____

For Official Use Only	
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Clean-Up Day Coordinated: <input type="checkbox"/> Yes Date: _____

Public Works Director or Designee Signature: _____ Date: _____