



KEEP AMERICA BEAUTIFUL AFFILIATE

**KEEP BRYANT BEAUTIFUL
ADOPT-A-STREET PROGRAM
APPLICATION TO PARTICIPATE**

DATE: _____

NAME OF GROUP/ORGANIZATION:

(Show name as you would like it on the sign)

PRIMARY CONTACT (CAPTAIN): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

NUMBER OF VOLUNTEERS IN GROUP: _____

STREETS YOU ARE INTERESTED IN ADOPTING:

A minimum of three streets must be listed in case your first choice is unavailable.

STREET #1: _____

STREET #2: _____

STREET #3: _____

The undersigned agrees that work will be done in accordance with the Keep Bryant Beautiful/City of Bryant Adopt-A-Street Program rules and regulations and will be subject to inspection and approval. Sections of street right-of-way are assigned on a safety and first-come, first-served basis. If the sections your group has identified above are not available, the Program Coordinator will suggest other alternatives.

Signature of Captian: _____ **Date:** _____

FOR OFFICE USE ONLY

APPROVED: __YES __NO

DATE RECEIVED: _____ **APPROVED BY:** _____

STREET(S) APPROVED: _____

DATE ALL PAPERWORK TURNED IN: _____

RECEIVED BY: _____

SIGN INSTALLED DATE: _____

OF SIGNS: _____

