



## ADOPT- A- STREET APPLICATION

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Adopted: \_\_\_\_\_

From (Street): \_\_\_\_\_ To (Street): \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Preferred Method of Contact: Mail \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_

E-Mail of Contact Person: \_\_\_\_\_

Signature of Contact Person: \_\_\_\_\_

In consideration of your acceptance of this application, I ensure that all members (of the organization listed above), participating in the Adopt- A- Street Program, will complete and return the required waiver. I understand that I will be responsible should a member fail to meet this requirement. I also understand that these waivers will remain valid for a period of two (2) years.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applications are renewed every two (2) years**

Return this application to:  
**City of Eloy, Adopt-a-Street Program**  
**Attn: Becky Aguirre**  
**1137 West Houser Road**  
**Eloy, AZ 85131**