



**CITY OF REDDING
ADOPT-A-BLOCK PROGRAM
APPLICATION TO PARTICIPATE**



APPLICANT INFORMATION

INDIVIDUAL / ORGANIZATION / BUSINESS NAME

PRIMARY CONTACT / ADOPT-A-BLOCK CAPTAIN	TITLE
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ADDRESS

CITY	STATE	ZIP CODE
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PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
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ALTERNATE CONTACT (If a group or business.)	ALTERNATE CONTACT'S PHONE NUMBER
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NUMBER OF VOLUNTEERS IN GROUP	NUMBER OF VOLUNTEERS UNDER AGE 18
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BLOCK, STREET OR SITE ADOPTION: Beginning and ending point (cross streets).

ALTERNATE BLOCK, STREET OR SITE ADOPTION: Beginning and ending point (cross streets) if first is unavailable.

SECOND ALTERNATE BLOCK, STREET OR SITE ADOPTION: Beginning and ending point (cross streets) if second is unavailable.

SIGNATURE (The undersigned agrees that all work will be done in accordance with the City of Redding's Adopt-A-Block Program rules and regulations and will be subject to inspection and approval. The Adopt-A-Block Program and its courtesy signs are not a forum for advertisement or public discourse.)

SIGNATURE OF PRIMARY CONTACT/ADOPT-A-BLOCK CAPTAIN	DATE
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THIS SECTION TO BE COMPLETED BY ADOPT-A-BLOCK OFFICIAL

ADOPTION SITE / STREET / ROADWAY

ADOPTION SITE APPROVAL	DATE
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