



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



APPLICANT INFORMATION

INDIVIDUAL / ORGANIZATION / BUSINESS NAME

PRIMARY CONTACT / ADOPT-A-STREET CAPTAIN

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

ALTERNATE CONTACT (Required)

ALTERNATE CONTACT'S PHONE NUMBER

NUMBER OF VOLUNTEERS IN GROUP

NUMBER OF VOLUNTEERS UNDER AGE 18

ADOPTION SITE NAME AND LOCATION

ALTERNATE ADOPTION SITE NAME AND LOCATION: (if first is unavailable.)

SECOND ALTERNATE ADOPTION SITE NAME AND LOCATION : (if second is unavailable.)

FOR STREET OR ROADWAY ADOPTION: Beginning and ending point (cross streets).

ALTERNATE FOR STREET OR ROADWAY ADOPTION: Beginning and ending point (cross streets) If first is unavailable.

SECOND ALTERNATE FOR STREET OR ROADWAY 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-Street Program rules and regulations and will be subject to inspection and approval. The Adopt-A-Street Program and its courtesy signs are not a forum for advertisement or public discourse.)

SIGNATURE OF PRIMARY CONTACT/ADOPT-A-STREET CAPTAIN

DATE

THIS SECTION TO BE COMPLETED BY ADOPT-A-STREET OFFICIAL

ADOPTION SITE / STREET / ROADWAY

ADOPTION SITE APPROVAL

DATE