ADOPT-A-ROAD
REQUEST FORM

PLEASE PRINT:

I, _____ am requesting to
participate in the Adopt-A-Road Program on behalf of:

_____
GROUP NAME

_____
ADDRESS

_____
CITY, STATE, ZIP CODE

We want to adopt the following section (minimum length of 1 mile- both sides of road):

_____
ROAD NAME/ NUMBER

_____   Between   _____
MILE POST OR LAND MARK   MILE POST OR LAND MARK

We would like our sign to read (please indicate optional words or abbreviation allowed if
needed):

_____

_____   _____
SIGNATURE   DATE

_____
DAYTIME PHONE

RETURN TO:
POLK COUNTY PUBLIC WORKS
820 SW ASH STREET
DALLAS, OR 97338

Revised 3-16-11