ADOPT-A-STREET Application

Applicant Name:		
Guardian Name _ (Required if applicant i	s under18):	BARNEGAT PRIDE
Address		
City/State/Zip:		DOPT-A-STREE
Phone:	Email:	
REQUESTED/AS	SIGNED LOCATION:	
Street Name:		
TERMS and CON	NDITIONS: Initial <u>each</u> lin	e item below:
Each person clothing. Minors under parental cons No work will No work will and unobstru A minimum of A one year con Contact must b	r the age of 18 must be accomparent to go with a group of others. I be permitted in the street or med be permitted beyond daylight hocted at all times. If three clean-ups per year, mmitment is required. Agreemente made with Adopt A Street coorgatschools.com).	ours. Sidewalks and traffic lanes are to be kept open t does not automatically renew.
	s application and understand the Ations of the program as stated.	Adopt A Street Program requirements and agree to
Signature:		Date:
Parent Signature (if n	ninor):	Date:
OFFICIAL USE ON	NLY:	
The adoption period wi	ll begin and run through:	