Adopt-a-Site & Adopt-a-Street
Programs
Application

The City of Fayetteville believes that litter-free streets, parks and public areas are essential to the beauty and appeal of our community. To improve the appearance of Fayetteville, and to encourage community involvement, the Fayetteville Adopt-a-Site and Adopt-a-Street Programs have been established.

By this agreement, _____(applicant), and all of its authorized participants, agree to abide by the program requirements and safety guidelines set forth by the City of Fayetteville for the Adopt-a-Site and Adopt-a-Street Programs. The applicant will not hold the City of Fayetteville responsible for any injuries suffered or damages that occur as a result of participation in the program.

The City of Fayetteville recognizes the applicant as the adopting organization for the following street: _____, from _____ to _____, and/or the following site: _____.

The Adopt-a-Street and Site Programs operate on a calendar year (Jan. 1 to Dec. 31). The terms of this agreement are to be followed from the date the project is approved, until December 31. The number of clean-ups required in the first year will be adjusted, according to the project approval date. After the first year, applicants will be expected to complete six (6) clean-ups between January 1 and December 31, for each year they remain in the programs. Persons must obey the Program Requirements and Safety Guidelines.

Applicants will automatically renew each year, unless they fail to complete the required number of clean-ups, or they request to be removed from the program. Failure to complete obligations will prevent future adoptions by your organization. The City of Fayetteville reserves the right to cancel this privilege at anytime.

_____ _____
Signature of Project Coordinator **Date**

_____ _____
City of Fayetteville Representative **Date**

Organization: _____

Please print the name of your organization, exactly as you want it to appear on the sign. We will try to put the full name on the sign. If we can't we will have to shorten the name. Please indicate below, the shortest reduction or abbreviation you will accept.

Abbreviated Organization Name: _____

Name of Project Coordinator: _____
(Please Print)

Address: _____ **Phone:** _____

_____ **Fax:** _____

E-mail: _____