



ADOPT-A-ROAD

PERMIT

PERMIT NO. _____

APPLICATION AND PERMIT FOR USE OF CITY OF WALKER RIGHT OF WAY

City of Walker, 4243 Remembrance Rd. N.W.
Walker, MI 49544, 616-791-6854

APPLICANT (ORGANIZATION):	
ADDRESS:	
CITY:	STATE/ZIPCODE:
CONTACT PERSON:	
DAY PHONE NO.:	
EVENING PHONE NO.:	
ROAD NAME:	
FROM:	TO:
START DATE:	END DATE:
PURPOSE: ADOPT-A-ROAD PROGRAM FOR LITTER PICKUP	
NAME TO APPEAR ON SIGN:	
APPLICANT/AUTHORIZED AGENT (SIGNATURE): (Agrees to All the Conditions of the Application)	DATE:
DO NOT WRITE BELOW THIS LINE	
APPROVED BY: DEPT. OF PUBLIC WORKS	DATE APPROVED: