

CITY OF NEW ALBANY ADOPT-A-STREET VOLUNTEER AGREEMENT

Organization Name Responsible Party* Name

Address Phone

City, State Zip Code

*The Responsible Party should be the person lawfully authorized to act on behalf of the organization/volunteer group and designated by the organization/volunteer group as the only contact for the City of New Albany on all matter related to the agreement.

Roadways/frontages interested in adopting:

- 1. _____
- 2. _____
- 3. _____

Applicant agrees to all terms and conditions as outlined in the "Adopt-a-Street Policies, Rules, and Procedures" document. I have read this agreement and understand the terms.

Printed Name of Volunteer Cleanup Coordinator Date

Signature Phone Number

Email Address