

## **“ADOPT-A-STREET” PROGRAM APPLICATION**

Name of Individual, Family,  
Group or Organization \_\_\_\_\_

Group Coordinator \_\_\_\_\_

Contact Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Requested Section of Street \_\_\_\_\_

\_\_\_\_\_

Anticipated Frequency of Cleaning \_\_\_\_\_  
(Minimum four times per year)

Number of Adults Participating in Collection Program \_\_\_\_\_

Number of Youths Participating in Collection Program \_\_\_\_\_

Application submitted by \_\_\_\_\_  
Group Coordinator

Authorized by \_\_\_\_\_  
Group President

Council Approved \_\_\_\_\_

Written Agreement mailed \_\_\_\_\_

Sign Installed \_\_\_\_\_

Return application to: Moline Public Works Dept., 3635 – 4<sup>th</sup> Avenue, Moline, IL 61265