

JEFFERSON COUNTY ADOPT-A-ROAD APPLICATION

ORGANIZATION: _____ TELEPHONE: _____

ADDRESS: _____
CITY STATE ZIP

SPOKESPERSON: _____ TELEPHONE: _____

ADDRESS: _____
CITY STATE ZIP

NAME OR LOGO TO BE USED ON SIGNS: _____

REQUESTED COUNTY ROAD _____ ROAD #: _____

DESCRIPTION OF ROAD SECTION
REQUESTED: _____

MILE POST _____ TO MILE POST _____

PERIOD OF REQUESTED FOR ADOPTION: 1 YEAR _____ 2 YEARS _____ 3 YEARS _____

SPOKEPERSON'S SIGNATURE: _____

TITLE: _____ DATE: _____