



CITY OF West Linn

ADOPT-A-STREET PROGRAM APPLICATION & PERMIT

Application/Business Name

Applicant/Business Mailing Address

City/State/Zip

Phone Number

Email Address

Alternate Contact Name

Phone Number

Alternate Contact Mailing Address

City/State/Zip

Commitment Options:

One-Time clean up: Start date: _____ End date: _____

Adopt-A-Street: _____ years (2-year commitment)

Approximate number of people participating in each clean up: _____

List of the section of street right-of-way the application/business is interested in cleaning in order of preference:

1) _____
Description of Section

2) _____
Description of Section

3) _____
Description of Section

Sections of street right-of-way are assigned on a priority, safety, and first come, first served basis. The City of West Linn will suggest other alternatives if the section(s) your group has identified above are not available.

I (we) understand that the City of West Linn reserves the right to refuse, cancel or revise and Adopt-A-Street Permit at the City's sole discretion. The applicant acknowledges the hazardous nature of the

