

Permit No. \_\_\_\_\_

**Adopt-A-Road Permit Application**

Please print legibly in ink and mail to the above address or fax to us at: (229) 263-5561

Request (*check one*)                      **New**                      **Renew**                      **Permit No.** \_\_\_\_\_ **Date** \_\_\_\_\_

APPLICANT INFORMATION	ORGANIZATION OR APPLICANT				APPLICATION DATE
	PRIMARY CONTACT NAME			ALTERNATE CONTACT NAME	
	PRIMARY CONTACT PHONE			ALTERNATE CONTACT PHONE	
	ADDRESS			ADDRESS	
	CITY, STATE, ZIP			CITY, STATE, ZIP	
	E-MAIL ADDRESS			E-MAIL ADDRESS	
LOCATION INFORMATION	COUNTY ROUTE NUMBER			ROAD NAME	
	STARTING Address		CLOSEST CROSS STREET (Distance and Direction from Site)		
	ENDING Address		CLOSEST CROSS STREET (Distance and Direction from Site)		
WORK INFORMATION	WORK TO BE PERFORMED BY:				
	<input type="checkbox"/> VOLUNTEERS			<input type="checkbox"/> CONTRACT FORCES	
	EXPECTED AVERAGE NUMBER OF WORKERS			NUMBER OF YEARS GROUP HAS VOLUNTEERED	
	EXPECTED DATES OF PICKUP (Enter one date for each period)				
	YEAR ONE				
	APRIL	JUNE/JULY	AUGUST/SEPT	OCT/NOV	OPTIONAL
YEAR TWO					
APRIL	JUNE/JULY	AUGUST/SEPT	OCT/NOV	OPTIONAL	

The group acknowledges the conditions of the work, agrees to the terms and conditions set by the Brooks County Road Department, and agrees to hold Brooks County, its agents or employees harmless from any and all claims or actions resulting from the Adopt-A-Road Program.

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title