



Marion County

OREGON

Application No. _____
Expiration date: _____

PUBLIC WORKS

ADOPT-A-ROAD APPLICATION

Name of Sponsor (Name to appear on road sign.)

Sponsor's Mailing Address

Street Address (if different)

City

State

Zip Code

Applicant's Name

Address (if different)

City

State

Zip Code

Telephone Number: Day

Evening

Email

- Attach letter designating applicant the authority to act on behalf of the Sponsor.
- Attach verification of sponsor existence. (Example: registration with Secretary of State, current by-laws, a current list of officers or directors, a current membership list, a copy of a regular newsletter, evidence of affiliation with regional or national organization, website address, an upcoming calendar of events, etc.).

Approximate number of people to participate in each cleanup: _____

ROAD SECTIONS YOU ARE AGREEING TO ADOPT:

	Road	From	To
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Safety and administrative rules of the program are to be followed by all participants. All participants are to be trained on safety procedures prior to participation, by group spokesperson or designate. All participants are to sign releases, and parents of those under age 18 are to sign consent form prior to participation.

NO CHILD UNDER 10 YEARS OF AGE IS ALLOWED IN THE WORK AREA!

Traffic control shall conform to requirements of the Manual of Uniform Traffic Control Devices.

The APPLICANT, acting on behalf of the Sponsor shall indemnify and save harmless Marion County, its Board of Commissioners, its officers and employees from suits and actions; or claims of any character brought because of any injuries or damages received or sustained by any person, or property on account of the operations of the said participant or applicant; or on account of or in consequence of any neglect in safeguarding the work; or because of any act or omission, neglect, or misconduct of the said participant or applicant. APPLICANT agrees to enter into an Adopt-A-Road agreement defining responsibilities if this application is approved.

When this application is approved by the Department, the APPLICANT is subject to, accepts and approves the terms and provisions contained and attached hereto. Marion County reserves the right to revoke or deny application for any non discriminatory reason.

Applicant's Signature: _____
Title Date

County Approval By: _____
Title Date