Keep Pennsylvania Beautiful Adoption Registration

Date __________________

(please PRINT all information & sign at bottom)

PRIMARY CONTACT INFORMATION

(must be 18 years of age)

Name ___________________________ Title (if applicable) ___________________________

Organization Affiliation (if any): __________________________________________________

Street Address ________________________________________________________________

City _____________________________ State _________ Zip ______________________

Phone (h) ______________________ (w) _______________ E-mail ______________________

ADOPITION INFORMATION

Select one: ___ Roadway       ___ Greenway (trail, waterway, pathway, park)    ___ City Block
___ Parking Lot    ___ Vacant Lot     ___ Community
___ Other Please describe ________________________________

Name of road/area to be adopted: ________________________________________________

Road/Area is safe for volunteers? ___ Yes     ___ No

Name of Municipality ______________________ County ____________________________

If adoption is in a state park or state forest, list park or forest name: _______________________

Please list landmarks identifying the beginning and end points of the adoption:

____________________________________________________________________________________

Overall length of adopted road, trail, or path (in miles and tenths of a mile) ________________

If adoption is located on private land: did you get written permission to enter the property?
___ Yes     ___ No

Additional Information for Community Adoptions:

Community is in compliance with Act 101? (Communities over 10,000 and densely populated municipalities between 5,000 and 10,000 have recycling programs) ___ Yes     ___ No

A letter of support from the local municipality is attached? ___ Yes     ___ No

By signing this application, the primary contact verifies that he or she is at least 18 years of age. The primary contact agrees to: 1. make safety a top priority, 2. assure all cleanup volunteers sign registration/liability waiver and parental consent forms, 3. Secure permission to enter if adoption is on private property, 4. provide written notice to Keep Pennsylvania Beautiful in the event that he or she wishes to terminate the adoption. The primary contact acknowledges that Keep Pennsylvania Beautiful reserves the right to revoke or refuse an adoption.

Primary Contact Signature ___________________________ Date ______________

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