



City of Hemet
Adopt-A-Street Program
Application to Participate

APPLICANT INFORMATION				
Individual / Organization / Business Name				
Primary Contact / Adopt-A-Street Captain			Title	
Address				
City	State	Zip Code	Phone Number	Fax Number
Email Address		Alternate Contact Name		Alternate Contact Number
Number of Adult Volunteers in Group			Number of Volunteers Under Age 18	
Block, Street, or Site of Adoption: Beginning and ending point (cross streets)				
Block, Street, or Site of Adoption: Beginning and ending point (cross streets) if first is unavailable				
Block, Street, or Site of Adoption: Beginning and ending point (cross streets) if second is unavailable				
Signature (The undersigned agrees that all work will be done in accordance with the City of Hemet's Adopt-A-Street Program rules and regulations and will be subject to inspection and approval. The Adopt-A-Street Program and its courtesy signs are not a forum for advertisement or public discourse.)				
Signature of Primary Contact / Adopt-A-Street Captain			Date	
THIS SECTION TO BE COMPLETED BY ADOPT-A-STREET PROGRAM COORDINATOR				
Adoption Site / Street/ Roadway				
Adoption Site Approval Signature			Date Approved	