



WASHINGTON COUNTY ADOPT-A-ROAD PROGRAM APPLICATION

Please fill out the complete name, mailing address, contact information, and requested road & location description of the applying group:

Business and/or Organization Name

Street Address

City, State, Zip Code

Lead Contact Name

Lead contact's phone number and email address

Back-up Contact Name

Back-up contact's phone and email address

County Road Request Identification & Description – *please describe requested road section and distance from the nearest intersections (i.e., Avenue A for the one mile section beginning at the Hwy 10 intersection and ending at the E. Winding Road Lane intersection). **Note: Sections of one to three miles in length are recommended.***

Supplemental Information:

If applicable, the following information must also be supplied.

- The current charter or current articles of incorporation of the applying group or organization
- The name and complete mailing address of the president, chairperson, or authorized representative of the applying group or organization