

**HANCOCK COUNTY "ADOPT-A-ROAD" PROGRAM
APPLICATION**

Please clearly print the following information:

Date of Application: _____

Name of Institution/Adopt: _____

Address: _____

City, State, Zip: _____

Responsible Person: _____

Phone: (Main) _____ (Home) _____

E-mail address: _____

Section of County or Township Roadway you are interested in adopting:
*** (Please be specific and list alternative locations in order of preference) ***

(1) _____

(2) _____

(3) _____

If approved for this program, I am aware of our responsibility to the participants and the requirements to sign a Liability Release when the permit is issued.

Printed Name

Signature

Institution Title

Date

Please return this form to: Hancock County Solid Waste Management District
Adopt-A-Road Program att: Courtney
300 S. Main Street
Findlay, OH 45840
cbcomstock@co.hancock.oh.us