



ADOPTION PROGRAM: APPLICATION

APPLICANT INFORMATION

Applicant Group Name: _____
(As it should appear on the Adoption signage)

Mailing Address: _____

 Home Business Other

Primary Contact: _____
Phone: _____
Email: _____

Alternate Contact: _____
Phone: _____
Email: _____

ADOPTION AREA INFORMATION

County right-of-way Lake/Pond Spot Campus

Description of Area (for right-of-ways, include main road, and the north/south or west/east border roads):

ANTICIPATED FREQUENCY OF CLEANING

Monthly Bi-monthly Quarterly (minimum annual requirement)

Estimated Number of Participants per Cleanup: _____

ACCEPTANCE

Signature, Applicant Group Representative

Signature, KSCB Program Representative

Printed Name, Applicant Group Representative

Printed Name, KSCB Program Representative

Date

Date

Sarasota County prohibits discrimination in all services, programs or activities. View the complete policy at <https://www.scgov.net/ADA/Pages/default.aspx>.

For KSCB Use Only Received: _____ Accepted: _____ Safety Meeting: _____

