

ADOPT-A-SPOT APPLICATION

Organization/Group Name _____

(Please print or type)

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Number of people in your organization _____

Group Coordinator/Contact _____

Address (if different from above) _____

Phone _____ Fax _____

Please specify the area you would like to adopt (1st choice & 2nd choice) _____

How would you like your sign to read? Adopted by _____

Short and sweet is more readable. Businesses please add a qualifying term such as the "volunteers" of.....

Our group recognizes the need and desirability of litter-free communities and is committed to picking up litter in our designated area for a period of one year. We agree to conduct cleanups a minimum of 4 times during that period or as needed. We will contact "Keep Little Falls Beautiful" at (320) 616-5500 prior to cleanups to arrange trash pickup.

We have read and understand all of the program guidelines of this application and will abide by them and any other requirements of "Keep Little Falls Beautiful" for participation in the "Adopt-A-Spot" program.

Adopting Group's Authorized Representative:

Print Name and Sign

Date: _____

Fax to: Keep Little Falls Beautiful at (320) 616-5500 or

Mail to: P O Box 244, 100 Northeast Seventh Avenue, Little Falls, MN, 56345.