

**APPLICATION**

(Please PRINT Information)

**Roadway Information**

Name of Roadway for Adoption: \_\_\_\_\_

Beginning at: \_\_\_\_\_

Ending at: \_\_\_\_\_

**Applicant Information**

Applicant's Name (Individual or Organization): \_\_\_\_\_

Group Affiliation:	Civic <input type="checkbox"/>	Business <input type="checkbox"/>	Religious <input type="checkbox"/>
	Social <input type="checkbox"/>	School <input type="checkbox"/>	Other <input type="checkbox"/>

Number of Group Members: \_\_\_\_\_ Age Span of Members: \_\_\_\_\_ to \_\_\_\_\_

Name to Appear on Adopt-A-Road Sign: \_\_\_\_\_

Contact Person / Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_  
**(Individual or Organization's Representative)**

**Application Submission**

Submit Completed Application to: Garrett County Roads Dept  
Adopt A Road Program  
316 East Alder Street  
Oakland, Maryland 21550  
Telephone: 301-334-7488  
FAX: 301-334-7489

**Approval of Roadway Adoption** (to be completed by Garrett County Roads Department)

Date Application Received: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_