



TOWN OF BARNSTABLE

ADOPT-A-SPOT PROGRAM APPLICATION



Please print your name or group's name as you would like it to appear on the road sign:
(If said group's name has changed, current sign is broken or needs replacement please indicate here.)

Type of Group (non-profit, business, school, etc.)

MAILING ADDRESS

Street: _____ P.O. Box: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Number of Members: _____

If a Subcontractor is used, please provide the following:

Name of Company: _____

Name of Contact: _____ Contact Phone: _____

Please list the highway, island, park area you or your group is interested in adopting:

Signature

Date

