

## **CITY OF PERRIS**

BEAUTIFICATION COMMITTEEE

## **Adopt-A-Street Application**

Please complete and email to City of Perris

AdoptAStreet@cityofperris.org

Contact Information			
Organization Name:			
Contact Person:	Cont	tact Person's Title:	
Phone Number:	Alternat	te Phone Number:	
Mailing Address			
Email Address:			
Street Preference			
Preferred Adoption Location	:		
Second Choice Location:			
Third Choice Location:			
Adoption Method			
Please specify which level of adoption you would prefer by checking the box(es) below:			
	□Volunteer	□Sponsorship	
Project Description:			
Work Schedule:	Total Monthly Hours:		
Type of Donation:			
Term of Agreement			
I certify that I understand the agreement on behalf of the cand the Beautification Comm	organization. I understan	d this is an application f	e authority to execute this or the Adopt-A-Street Program
Print Name	Title		
Signature	Date _		
Official Use Only			
Date Received:	• •	· -	Sign Installed: