Kane County Adopt-A-Highway Application

OFFICE USE ONLY

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GROUP OR ORGANIZATION		TYPE OF GROUP	Recv'd Date
Group Name:			Appl. #
Group Leader:		Not for Profit	Comments
Street Address:		Private Enterprise/	
City:]	
State:	Zip Code:	GROUP PARTICIPANTS	
Phone Number:	Example: (###) ###-####	Approximate number of participants for litter pick-up	
Email Address:	Number of adult supervisors if participants are betw 10 and 18 years old		
NAME/ACRONYM FOR ADOPT-A-H No logos or slogans will be allowed.		een words. ** <i>RANDAL</i>	L ROAD AAH - 1 side only
FIRST CHOICE-SECTION OF COUN	TY HIGHWAY TO ADOPTED (0.5 MI	LE MINIMUM TO 2.0 MILE MAXIMUN)
County Highway Name		Road Choice (Which side)
FROM: (Road Name)		TO: (Road Name)	
Click here if the Group/Organiz	ation has a financial interest in pro	perty fronting along this sect	ion of County Highway.
SECOND CHOICE-SECTION OF CO	JNTY HIGHWAY TO BE ADOPTED	0.5 MILE MINIMUM TO 2.0 MILE M	AXIMUM)
County Highway Name		Road Choice (Which side)
FROM: (Road Name)		TO: (Road Name)	
Click here if the Group/Organiz	ation has a financial interest in pro	perty fronting along this sect	ion of County Highway.
Click here if the Group/Organiz	ation would consider adopting and	other section of County High	way if the first and second choices are

Click here if the Group/Organization would consider adopting another section of County Highway if the first and second choices are not available. If yes, the section of the County Highway to be adopted will be determined by the Kane County Division of Transportation.

* Please see video on the WEB for Safety Guidelines.

I hereby certify that the above information is correct and my Group/Organization agrees to conform to the requirements of the Kane County Adopt-A-Highway Ordinance. I understand the contract signed between Kane County and my Group/Organization will be valid for a two year period.