



City of Smithville Adopt a Street Agreement

Full Organization/Group Name: _____

Group Coordinator/Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

e-mail address: _____

Brief Description of Organization: _____

Why do you choose to participate in the Adopt-A-Street program? Is there a reason you chose the street you are adopting? _____

We, _____ are committed to picking up trash and litter along _____
Street/Road from _____ to _____.

We agree to pick up trash/litter a minimum of THREE times each year (as per the attached guidelines).

We have read and understand all provisions and policies of the City of Smithville Adopt-A-Street Program and will abide them and any other terms and conditions as required by the City of Smithville for participation in this program.

_____ x _____ Date: _____
Group Coordinator/Contact Signature

_____ x _____ Date: _____
City of Smithville Representative Signature

Name to Read on Sign (Limited to group/individual name only. No logos, slogans or pictures.

Allowed exceptions are "Employees/Friends of" or "In Memory Of")

Up to 15 characters per line, 3 line maximum, spaces count as a character. Sign created after 1st pick-up.

For more information regarding the
Adopt-A-Street Program
e-mail to: adoptastreet@smithvillemo.org
or call 816-532-2080

Email completed forms to:
dfink@smithvillemo.org