



Adopt-a-Path Application

Organization Name: _____

Application Date: _____

Organization Phone Number: _____

Expected number of participants: _____

Contact name: _____

Contact Email: _____

Contact Phone: _____

Evening Phone: _____

Mailing address (Street): _____ City: _____ State: _____ Zip: _____

Preferred path (select one): *Union Pacific Bicycle Path* *Valley Line Trail* *Centennial Park*

Four preferred clean-up dates: _____

Name to appear on sign (20 characters per line maximum, including spaces)

APPLICANT/AUTHORIZED AGENCY SIGNATURE IF AUTHORIZED AGENT - I hereby certify that I am acting as an Authorized Agent

on behalf of the named applicant and will contact Public Works Department located at 7001 Lawndale, Lincolnwood IL, 60712

or at (847) 675-0888 the week of adoption: _____

Date: _____