



OFFICIAL SIGNATURE FORM FOR ADOPT-A-STREET

Authorized Organization Representatives

Adpot-A-Street

Signature _____

KFB _____

Print Name _____

Director of Public Works _____

Title _____

SCDOT _____

Contact Number _____

Fax Number _____

Mailing Address _____

email address _____

Other Group Contacts Are:

1. _____ Home # _____ Cell# _____

2. _____ Home # _____ Cell# _____

By their signatures, the following persons have agreed to participate in three litter pickups, abide by the program, be harmless, Keep Florence Beautiful, the City of Florence and their sponsors for any injuries suffered or damages caused as a result of participation in this program. (For additional names, use separate sheet if applicable)

Name

Date

Name

Date
