



Town of Burrillville
ADOPT-A-SPOT PROGRAM
APPLICATION

Please complete all data as required.

NAME OF ORGANIZATION: _____

CONTACT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ E-MAIL: _____

WEB PAGE (IF ANY): _____

*Any change in the above information, please notify Town Manager's Office (401) 568-4300 ext 145.

REQUESTED LOCATION & DESCRIPTION OF INTENDED DESIGN:

I hereby acknowledge that I have received a copy of the guidelines and agree to care and maintain the above mentioned site for at least one year. I will let the Town of Burrillville Town Manager's Office know if I am not able to continue; at which time the site may be relinquished to another party.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

(OFFICE USE ONLY)

APPROVED SIGNED: _____ DATE: _____

*NOTES: _____