

**CITY OF CHISHOLM ADOPT AN AREA APPLICATION**

*Turn in Application to the Chisholm City Hall. Attention: Chisholm City Administrator*

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ GROUP: \_\_\_\_\_

IF YOU ARE A MEMBER OF A GROUP, ARE YOU THE GROUPS DESIGNATED SPOKESPERSON?

( ) YES ( ) NO

NAME TO BE PLACED ON ADOPT AN AREA SIGN: \_\_\_\_\_

I WOULD LIKE TO ADOPT THE FOLLOWING LOCATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*CONSENT OF PARENT OR GUARDIAN IF VOLUNTEER IS UNDER AGE 18\*\*\*\*\*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_