

Dubuque County Application and Agreement to ADOPT-A-ROADWAY

SPONSOR:

Name of Sponsor (Organization, Group or Individual)

Contact Person

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

The roadway is located in Section _____ Township _____

Range _____ on _____ (name of road).

Beginning at _____ and ending at _____.

Approval is hereby requested by the above named organization, group or individual, hereinafter referred to as "Sponsor", from the Dubuque County Board of Supervisors, herein referred to as the "Supervisors", to enter within the county roadway right of way to perform litter removal and/or the following described work (check all that apply):

- Litter Control
- Beautification (*Wildflower, native prairie grass, landscaping, or wildlife habitat planting*)*
- Other (*describe*)

*A sketch noting the location and species must be attached to this application for review prior to the Supervisors granting approval.

The Supervisors reserve the right to terminate this agreement and remove Adopt-A-Roadway signs when, in the sole judgment of the Supervisors, it is found that the Sponsor has not met the terms and conditions of this agreement.

This agreement shall remain in force from _____ 1, 20_____, through
_____ 1, 20_____

The Sponsor acknowledges that all personnel involved in this project are initiators and volunteers directed by the Sponsor and that the Sponsor accepts full responsibility for any injuries or damages sustained by or caused by such personnel. The Sponsor acknowledges that it or its volunteers are in no way considered to be employees of the Dubuque County Board of Supervisors. Sponsor's representative (person signing application form) shall be a minimum of 21 years of age.

I have read this agreement, understand its provisions and agree to abide by the provisions of this agreement.

Sponsor Contact Person (Please print or type)

Sponsor Contact Person Signature

Telephone: () (day) () (evening)

City Approval (if proposed work is within an incorporated city, city action is also required)

The undersigned city joins in the grants embodied in the above permit executed by the Dubuque County Board of Supervisors on condition that all of the covenants and undertakings therein running to the Supervisors shall insure to the benefit of the undersigned city and recommend action on said permit application as noted below by the authorized city official.

By _____
Signature of Authorize Representative City Date

Supervisors Approval

By _____
Signature of Authorize Representative Date

