



Adopt-A-Road Application

We have read the foregoing Adopt-A-Road Ordinance and City of Rochelle Adopt-A-Road Terms and Conditions attached hereto. We understand and agree to abide by the City's Adopt-A-Road Ordinance, the Terms and Conditions attached to this Application, and the Illinois Adopt-A-Highway Act. We further agree to hold the City of Rochelle, its agencies, agents, employees, and designees, the State of Illinois and its agencies, agents, employees, and designees, harmless for any injury to persons and / or property and from any and all claims or actions resulting from our participation in this Program. The members of this Group agree that they are jointly and severally bound by the Terms and Conditions attached to this Application.

Route Information

Route(s): # _____ # _____ # _____
 First Preference Second Preference Third Preference

Group Information

Organization/Group Name: _____
(Name to be placed on sign – no more than 30 characters)

Organization/Group Address: _____

City / State / Zip Code: _____

President's Name: _____

President's Phone Number: _____

Contact Information

Contact Name: _____

Contact Address: _____

City / State / Zip Code: _____

Phone: _____ E-mail: _____

Signed and Agreed to this _____ day of _____, _____.

Group:

Signature

Printed Name / Title

Email form to: tisley@rochelleil.us

<p><i>FOR CITY USE ONLY – DO NOT WRITE IN THIS BOX</i></p> <p>Approved this ____ day of _____, _____.</p> <p>By: _____ Director of Rochelle Adopt-A-Road Program</p> <p>Route Assigned: _____</p> <p>Valid from _____ through _____.</p>
