



# City of Smithville

## Adopt a Street Agreement

Full Organization/Group Name: \_\_\_\_\_

Group Coordinator/Contact

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Brief Description of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you choose to participate in the Adopt-A-Street program? Is there a reason you chose the street you are adopting? \_\_\_\_\_

\_\_\_\_\_

We, \_\_\_\_\_ are committed to picking up trash and litter along \_\_\_\_\_

Street/Road from \_\_\_\_\_ to \_\_\_\_\_.

We agree to pick up trash/litter a minimum of THREE times each year (as per the attached guidelines).

We have read and understand all provisions and policies of the City of Smithville Adopt-A-Street Program and will abide them and any other terms and conditions as required by the City of Smithville for participation in this program.

\_\_\_\_\_ x \_\_\_\_\_ Date: \_\_\_\_\_

Group Coordinator/Contact Signature

\_\_\_\_\_ x \_\_\_\_\_ Date: \_\_\_\_\_

City of Smithville Representative Signature

**Name to Read on Sign** (Limited to group/individual name only. No logos, slogans or pictures. Allowed exceptions are “Employees/Friends of” or “In Memory Of”)

Up to 15 characters per line, 3 line maximum, spaces count as a character. Sign created after 1<sup>st</sup> pick-up.


For more information regarding the  
Adopt-A-Street Program  
e-mail to: [adoptastreet@smithvillemo.org](mailto:adoptastreet@smithvillemo.org)  
or call 816-532-2080

Email completed forms to:  
[dfink@smithvillemo.org](mailto:dfink@smithvillemo.org)